Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2019

	Administration	the instruct	ions to the Form 55	00.			
Pensio	n Benefit Guaranty Corporation			This Form is Open to Inspection			
Part I	Annual Report Id	lentification Information					
For caler	ndar plan year 2019 or fisc	cal plan year beginning 01/01/2019		and ending 12/31/20)19		
A This r	eturn/report is for:	a multiemployer plan	participating er	loyer plan (Filers checking the mployer information in accor			ıns.)
		a single-employer plan	a DFE (specify	<u> </u>			
B This r	eturn/report is:	the first return/report	the final return	report/			
		an amended return/report	a short plan ye	ar return/report (less than 12	2 months)		
C If the	plan is a collectively-barga	ained plan, check here)	×	
D Check	k box if filing under:	X Form 5558	automatic exter	nsion	the	DFVC program	
	-	special extension (enter description))				
Part II	Basic Plan Inform	nation—enter all requested information	n				
1a Nam	e of plan		···		1b	Three-digit plan number (PN) ▶	504
NOKIA RETIREE WELFARE BENEFITS PLAN 1c Effective date of 10/01/1996							an
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see				2b Employer Identification Number (EIN) 22-3408857			
NOKIA O	F AMERICA CORPORAT	ION			2c	Plan Sponsor's tele number 908-723-9869	·
	NTAIN AVENUE, ROOM 'HILL, NJ 07974	6D-401A			2d	Business code (se instructions) 334200	e
	•	r incomplete filing of this return/repor					
		er penalties set forth in the instructions, ell as the electronic version of this return					
SIGN HERE	Filed with authorized/valid	l electronic signature.	09/17/2020	INGRID ORAV			
HEKE	Signature of plan admir	nistrator	Date	Enter name of individual s	igning as ¡	plan administrator	
SIGN							
HERE	Signature of employer/	plan sponsor	Date	Enter name of individual s	igning as	employer or plan sp	onsor
		•			-	•	

Date

SIGN HERE

Signature of DFE

Enter name of individual signing as DFE

Form 5500 (2019)

Page 2

Representation of the properties of the

за	Plan administrator's name and address X Same as Plan Sponsor		3 b Ad	dministrator's EIN
				dministrator's telephone umber
4	If the name and/or EIN of the plan sponsor or the plan name has changed sin enter the plan sponsor's name, EIN, the plan name and the plan number from		his plan, 4b E	IN
a c	Sponsor's name Plan Name		4d ₽	N
5	Total number of participants at the beginning of the plan year		5	78234
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2) , 6b , 6c , and 6d).	(welfare plans complete only line		
a(1) Total number of active participants at the beginning of the plan year		6a(1)	0
a(2) Total number of active participants at the end of the plan year		<u>6a(2)</u>	0
b	Retired or separated participants receiving benefits		6b	74610
С	Other retired or separated participants entitled to future benefits		6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.		<u>6d</u>	74610
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	eive benefits	<u>6e</u>	
f	Total. Add lines 6d and 6e.		6f	
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	
h	Number of participants who terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only r	nultiemployer plans complete this	item) 7	
b	If the plan provides pension benefits, enter the applicable pension feature code If the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D Plan funding provides welfare benefits, enter the applicable welfare feature code	es from the List of Plan Character	istics Codes in the	instructions:
9a	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement ((1) X Insurance	спеск ан тат арргу)
	(2) Code section 412(e)(3) insurance contracts	I ==	n 412(e)(3) insuran	ce contracts
	X Trust	(3) X Trust		
10	(4) General assets of the sponsor	L '' L	ets of the sponsor	ah ad (Caa inatuustiana)
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at		er the number attac	med. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	`	ancial Information)	Small Blan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	· · · · · · · · · · · · · · · · · · ·	ancial Information –	•
	Purchase Plan Actuarial Information) - signed by the plan actuary	· · · · · · · · · · · · · · · · · · ·	urance Information)	
	actions	· · · · · · · · · · · · · · · · · · ·	vice Provider Inform	•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		E/Participating Plan	
	illioillialloil) - signed by the plan actuary	(6)	ancial Transaction	ocneaules)

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

No

Receipt Confirmation Code_____

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parsaant to	ENIOA Section 103(a)(2).			inspection	
For calendar plan year 20°	19 or fiscal plar	year beginning 01/01/2019		and en	ding 12/31/2019		
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Three	e-digit number (PN)	504	
C Plan sponsor's name a NOKIA OF AMERICA COI		e 2a of Form 5500			yer Identification Numbe 3408857	er (EIN)	
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance call	rrier						
/h) FINI	(c) NAIC	(d) Contract or	(e) Approximate nur		Policy or	contract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
84-1004639	95090	092027	86		01/01/2019	12/31/2019	
2 Insurance fee and common descending order of the		ation. Enter the total fees and to	tal commissions paid. Lis	t in line 3	the agents, brokers, and	other persons in	
(a) Total a	amount of comm	missions paid		(b) To	otal amount of fees paid		
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker	, or other person to whom	i commiss	ions or fees were paid		
	1	Fo	es and other commissions	bien s			
(b) Amount of sales an commissions pai		(c) Amount		d) Purpose	e	(e) Organization code	
		(1)	,	.,			
	(a) Name a	nd address of the agent, broker	, or other person to whom	commiss	ions or fees were paid		
(b) Amount of sales an	nd base	Fe	es and other commissions	s paid			
commissions pai		(c) Amount	(0	d) Purpose	e	(e) Organization code	

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commodene para			0000			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
.,	<u> </u>					
			(e)			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization			
commissions paid	(4)	(-)	code			
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid				
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid				
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount	(a) i dipose	code			
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to contract the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	III Welfare Benefit Con If more than one contract of the information may be con employees, the entire grou	covers the same mbined for repor	group of employees of the ting purposes if such cont	racts are exp	erience-rated as a	unit. Where co	ontracts cover individual	
8	Ber	nefit and contract type (check all a	pplicable boxes)						
	а	Health (other than dental or vis	sion)	b Dental	С	Vision		d Life insurance	
	е	Temporary disability (accident		f Long-term disabili	_	Supplemental un	employment	h Prescription drug	
	:		and sickness)	<u> </u>			Ciripioyiricii		
		Stop loss (large deductible)		j X HMO contract	K_	PPO contract		I Indemnity contract	
	m	Other (specify)							
_									_
9		perience-rated contracts:			0.(4)				
	а	Premiums: (1) Amount received			9a(1)				
		(2) Increase (decrease) in amou							
		(3) Increase (decrease) in unear					00(4)		_
	h	(4) Earned ((1) + (2) - (3))					9a(4)		_
	b	3 ()							
		(2) Increase (decrease) in claim					0b/3)		С
		(3) Incurred claims (add (1) and							_
	_	(4) Claims charged					9b(4)		_
	С	. , ,	• ,	,	00/1\/A\				
		(A) Commissions			9c(1)(A) 9c(1)(B)				
		(B) Administrative service or(C) Other specific acquisition			9c(1)(C)				
		(D) Other expenses			9c(1)(D)				
		(E) Taxes			9c(1)(E)				
		(F) Charges for risks or othe			9c(1)(F)				
		(G) Other retention charges	=		0 (4)(0)				
		(H) Total retention					9c(1)(H)		-
		(2) Dividends or retroactive rate		_	_				_
	d	Status of policyholder reserves							_
	u	(2) Claim reserves	,						_
		(3) Other reserves							_
	е	Dividends or retroactive rate ref					· · · · ·		_
10	_	onexperience-rated contracts:	undo ddo. (Do n	or morado amount omoros	2 III III O O O (2)	.,			
. •	a	Total premiums or subscription	charges paid to o	carrier			10a	4644	71
	b	If the carrier, service, or other or	• .					1011	_
		retention of the contract or polic							
		ecify nature of costs.							
P	art	IV Provision of Inform	ation					_	
11	Di	id the insurance company fail to p	rovide any inforn	nation necessary to comp	ete Schedule	A?	Yes	X No	
12	l If	the answer to line 11 is "Yes," spe	ecify the informat	ion not provided.					_

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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OMB No. 1210-0110

2019

		parodani to	σ = 1 11 σ / 1 σ σ σ 11 σ σ (α / (= / 1			inspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:	ate Scriedule /	nidividual contracts grouped	as a unit in i arts ii anu iii	can be re	ported on a single Scriet	dule A.
(a) Name of insurance ca	rrier					
(1.) FINI	(c) NAIC	(d) Contract or	(e) Approximate nur		Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(g) To	
13-1828429	55247	11021741001	32		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and t (a) Name a	ees. (Complete as many entrie	es as needed to report all per, or other person to whom	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whom	commiss	sions or fees were paid	
(b) Amount of sales ar commissions pa		(c) Amount	ees and other commissions (o	s paid d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commodene para			0000			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
.,						
			(e)			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization			
commissions paid	(4)	(-)	code			
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid				
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid				
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount	(a) i dipose	code			
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ting purposes if such cont	tracts are expe	erience-rated as a unit	. Where c	ontracts cover in	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insur	ance
	е	Τe	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	oloyment	h Prescripti	on drug
	i İ	St	op loss (large deductible)	j X HMO contract	k∏	PPO contract		I Indemnity	contract
	m	_	ther (specify)	, .	Ш	l		<u> </u>	
9	Exp	erien	ce-rated contracts:						
	a	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpaid	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	Earned ((1) + (2) - (3))				9a(4)		C
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) lı	ncrease (decrease) in claim reserves		9b(2)				
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		(4) (Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs						
			(D) Other expenses		0-(4)(5)				
			(E) Taxes						
			(F) Charges for risks or other contingencies.					_	
			(G) Other retention charges				00/1\/	N	
			(H) Total retention	_	_		9c(1)(H)	
	-1		Dividends or retroactive rate refunds. (These						
	d		tus of policyholder reserves at end of year: (1						
		` '	Claim reserves				9d(2)		
	е	` '	Other reservesdends or retroactive rate refunds due. (Do n				9d(3) 9e		
10			perience-rated contracts:	or include amount entered	u iii iiile 30(2) .	.)	36		
	a		al premiums or subscription charges paid to o	carrier			10a		156076
							100		130070
	b Sno	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep				10b		
	Spe		nature of costs.	orted iii i arti, iiie 2 abov	o, report amo		102		
Р	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2019

This Form is Open to Public

		pursuant to i	=RISA section 103(a)(2)	١.			Inspection
For calendar plan year 20	19 or fiscal plar	year beginning 01/01/2019		and er	nding 12/31	/2019	-
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN			e-digit number (PN) •	504
					· ·	,	
C Plan sponsor's name as shown on line 2a of Form 5500 NOKIA OF AMERICA CORPORATION					oyer Identifica 3408857	ation Numbe	r (EIN)
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca KEYSTONE HEALTH PLA							
/h) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(EIN) rmation for each contract e A. ontract year (g) To 12/31/2019
23-2399845	95199	509964	247	,	01/01/2019		12/31/2019
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents, b	orokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	sions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
For Donomicorly Dodinatio	n Act Notice	see the Instructions for Form	EEOO			Cal	adula A (Farm FEOO) 2010

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commodene para			0000			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
.,						
			(e)			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization			
commissions paid	(4)	(-)	code			
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid				
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid				
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount	(a) i dipose	code			
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees o ting purposes if such o	contracts are expe	erience-rated as a unit. Whe	ere contrac	cts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)	ł				
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision	d 🗌	Life insurance
	е	Τe	emporary disability (accident and sickness)	f Long-term disa	ability g	Supplemental unemployme	ent h	Prescription drug
	ιİ	St	op loss (large deductible)	j X HMO contract	k∏	PPO contract	ıĒ	Indemnity contract
	m	=	ther (specify)	, .	Ц			,
9	Exp	erien	ce-rated contracts:					
	a	Prem	niums: (1) Amount received		9a(1)			
		(2) lı	ncrease (decrease) in amount due but unpaid	d	9a(2)			
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)			
		(4) E	Earned ((1) + (2) - (3))			9a	(4)	C
	b	Ben	efit charges (1) Claims paid		9b(1)			
		(2) lı	ncrease (decrease) in claim reserves		9b(2)			
		(3) li	ncurred claims (add (1) and (2))			9b	(3)	С
		(4) (Claims charged			9b	(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)				
			(A) Commissions					
			(B) Administrative service or other fees		0 (4)(0)			
			(C) Other specific acquisition costs					
			(D) Other expenses		0-(4)(5)			
			(E) Taxes					
			(F) Charges for risks or other contingencies.				-	
			(G) Other retention charges(H) Total retention			9c(1	(VH)	
			Dividends or retroactive rate refunds. (These	_	_			
	٨						(2)	
	d		tus of policyholder reserves at end of year: (1 Claim reserves				l(1) l(2)	
		` '	Other reserves				(3)	
	е	` '	dends or retroactive rate refunds due. (Do n				e	
10			perience-rated contracts:	ot morado arribant oria	010d III III 0 00(<u>1</u>).	<i>,</i>		
. •	а		al premiums or subscription charges paid to o	carrier		1	0a	1020051
	b		e carrier, service, or other organization incur					
	_	rete	ntion of the contract or policy, other than rep				0b	
	Spe		nature of costs.					
P	art	IV	Provision of Information					
11	Di	d the	insurance company fail to provide any inform	nation necessary to co	mplete Schedule	A? Yes	X	No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parsuarit to	LINIOA Section 103(a)(2).			inspection
For calendar plan year 20	19 or fiscal plar	year beginning 01/01/2019		and en	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			oyer Identification Number 3408857	er (EIN)
		ning Insurance Contrac				
1 Coverage Information:					-	
(a) Name of insurance ca	rrier					
(1.) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	(g) To
91-0511770	95672	8800	63		01/01/2019	12/31/2019
descending order of the		ation. Enter the total fees and to	tal commissions paid. Li		the agents, brokers, and	other persons in
3 Persons receiving com		ees. (Complete as many entries nd address of the agent, broker			:	
(b) Amount of sales ar			es and other commission		ions of rees were paid	
commissions pai		(c) Amount	(d) Purpos	е	(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to whom	n commiss	ions or fees were paid	
(b) Amount of sales ar	nd hase	Fe	es and other commission	s paid		
commissions pai		(c) Amount		d) Purpos	e	(e) Organization code

(a) Nar	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
.,	<u> </u>							
			(e)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of the group of employees of the group	tracts are expe	erience-rated as a unit	t. Where c	ontracts cover individ	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance	;
	е	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription d	rug
	i İ	St	op loss (large deductible)	j X HMO contract	- <u>-</u> _	PPO contract		I Indemnity con	tract
	m	_	ther (specify)			l		<u> </u>	
9	Exp	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		. 9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpai	id	. 9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	. 9a(3)				
		(4) E	Earned ((1) + (2) - (3))				9a(4)		C
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves				•		
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees		0.74\70\				
			(C) Other specific acquisition costs						
			(D) Other expenses		0-(4)(5)			_	
			(E) Taxes						
			(F) Charges for risks or other contingencies.						
			(G) Other retention charges(H) Total retention				9c(1)(H	\	
			Dividends or retroactive rate refunds. (These	_	_			,	
	٨								
	d		tus of policyholder reserves at end of year: (1	•			` '		
		` '	Claim reserves				9d(2)		
	е	` '	Other reservesdends or retroactive rate refunds due. (Do n				9d(3) 9e		
10			perience-rated contracts:	lot include amount entere	ed in line 3C(2) .	.)	. 36		
	a		al premiums or subscription charges paid to	carrier			10a		278305
	b						- Tou		270000
		rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep				. 10b		
	Spe		ntion of the contract of policy, other than replicature of costs.	ioned in Part I, line 2 abo	ve, report amo	unt.	100		
P	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inform	mation necessary to comp	olete Schedule	A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat			<u> </u>			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parodant to	=()(=)		inspection		
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019	and	ending 12/31/2019			
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		nree-digit an number (PN)	504		
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500	D Em	ployer Identification Number	er (EIN)		
NOKIA OF AMERICA CO	RPORATION			22-3408857			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca UHC OF ARIZONA	rrier						
# N = N 1	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or	r contract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To		
86-0507074	96016	060406	82	01/01/2019	12/31/2019		
2 Insurance fee and come descending order of the		ation. Enter the total fees and tot	al commissions paid. List in line	3 the agents, brokers, and	d other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).			
	(a) Name a	and address of the agent, broker	, or other person to whom comm	issions or fees were paid			
(b) Amount of sales ar	nd base	Fee	es and other commissions paid				
commissions pai	id	(c) Amount	(d) Purp	ose	(e) Organization code		
	(a) Name a	and address of the agent, broker,	, or other person to whom comm	issions or fees were paid			
(b) Amount of sales and base Fees and other commissions paid							
commissions pai		(c) Amount	(d) Purp	ose	(e) Organization code		
					l .		

(a) Nar	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
.,	<u> </u>							
			(e)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of t	ntracts are expe	erience-rated as a unit.	Where co	ontracts cover individ	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision		d Life insurance)
	е	Te	emporary disability (accident and sickness)	f Long-term disab	ility g	Supplemental unemp	loyment	h Prescription of	lrug
	i İ	St	op loss (large deductible)	j X HMO contract	k∏	PPO contract		I Indemnity cor	ntract
	m	_	ther (specify)	,				<u> </u>	
9	Exp	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpaid	d	9a(2)				
		(3) lı	ncrease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				9a(4)		C
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves			1			
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		(4) C	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees		0. (4)(0)				
			(C) Other specific acquisition costs						
			(D) Other expenses		0-/4\/5\				
			(E) Taxes						
			(F) Charges for risks or other contingencies.						
			(G) Other retention charges(H) Total retention				9c(1)(H)	١	
			Dividends or retroactive rate refunds. (These	_	_	F		/	
	٨					F	9c(2)		
	d		tus of policyholder reserves at end of year: (1			F	9d(1) 9d(2)		
		` '	Other reserves			l l	9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n				9e		
10			perience-rated contracts:	ot morade amount enter	<u>ca iii iiiic 30(2).</u>	<i>j</i>	- 30		
. •	a		al premiums or subscription charges paid to o	carrier		Γ	10a		458138
	b		e carrier, service, or other organization incur						100100
		rete	ntion of the contract or policy, other than rep				10b		
		ecify r	nature of costs.						
Р	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inform	nation necessary to com	plete Schedule	A?	Yes	X No	
12	l If t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

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OMB No. 1210-0110

2019

For calendar plan year 20	19 or fiscal pla	in year beginning 01/01/2019		and en	ding 12/31/2019		
A Name of plan	DE DENEELT	2.51.441		B Thre			
NOKIA RETIREE WELFA	RE BENEFIT	S PLAN		plan	number (PN)	504	
C Plan sponsor's name a	as shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Numb	er (EIN)	
NOKIA OF AMERICA CO					3408857	,	
Part I Information a separa	t ion Conce ate Schedule <i>i</i>	rning Insurance Contra A. Individual contracts grouped	ct Coverage, Fees, l as a unit in Parts II and II	and Con	nmissions Provide ir ported on a single Sche	formation for each contract dule A.	
1 Coverage Information:							
(a) Name of insurance ca	rrier						
KAISER FOUNDATION HE		OF S. CA					
			(2) Annualization		Daliana		
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		•	r contract year	
	code	identification number	policy or contrac		(f) From	(g) To	
94-1340523	00000	122636	306	306		12/31/2019	
2 Insurance fee and com	mission inform	ation. Enter the total fees and t	otal commissions paid. I	ist in line 3	the agents brokers and	d other persons in	
descending order of the		duon. Enter the total rece and t	otal commissions pala. E	101 111 11110 0	the agents, brokers, an	d other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid		
(b) Amount of sales ar			ees and other commission			(e) Organization code	
commissions pa	id	(c) Amount		(d) Purpose			

(a) Nar	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
.,								
			(e)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier mag	y be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			. 5	
		tracts With Allocated Funds:				
Ü	a	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			. 6d	
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. c	heck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•						
	а	Type of contract: (1) deposit administration (2) immedia	ие рапісіраї	on guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	L	Delegan at the end of the envision			76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
			7e(2)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	. 7e(4)			
		•				
		(E) T + 1 1 1 1 1			70/F\	
		(5) Total deductions			. 7e(5)	0

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ting purposes if such cont	racts are expe	erience-rated as a unit	. Where c	ontracts cover	
8	Ben	efit a	nd contract type (check all applicable boxes)	1					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insi	ırance
	е	Te	emporary disability (accident and sickness)	f Long-term disability	ty g	Supplemental unemp	oloyment	h Prescrip	otion drug
	i İ	St	op loss (large deductible)	j X HMO contract	k∏	PPO contract		I Indemn	ity contract
	m	=	ther (specify)	<i>,</i> .	Ш			Ш	•
9	Exp	erien	ce-rated contracts:						
	a	Prem	iums: (1) Amount received		9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpaid	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	Earned ((1) + (2) - (3))				9a(4)		C
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) lı	ncrease (decrease) in claim reserves		9b(2)				
		(3) lı	ncurred claims (add (1) and (2))				9b(3)		C
		(4) (Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees		0.74\70\				
			(C) Other specific acquisition costs		- (
			(D) Other expenses		0-(4)(5)			_	
			(E) Taxes						
			(F) Charges for risks or other contingencies.						
			(G) Other retention charges(H) Total retention				9c(1)(H)	
			Dividends or retroactive rate refunds. (These	_	_			' 	
	٨								
	d		tus of policyholder reserves at end of year: (1				9d(1) 9d(2)		
		` '	Other reserves				9d(2)		
	е	` '	dends or retroactive rate refunds due. (Do n						
10			perience-rated contracts:	ot morado ambant ombro	3 III III O O O (2).	,			
. •	а		al premiums or subscription charges paid to o	carrier			10a		971744
	b		e carrier, service, or other organization incur				100		<u> </u>
	_	rete	ntion of the contract or policy, other than rep				10b		
	Spe		nature of costs.	orted in Part I, line 2 abov	e, report amo	unt	106		
P	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p u o u u i i	= 1 11 07 1 0 0 0 11 1 1 0 0 (a)(=)	•		mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	ee-digit n number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract. Individual contracts grouped				
Coverage Information:	ate Corredate 7	t. marriada contracto groupea	do a dille il i alto il dila il	r dan be re	ported on a single conec	auto 71.
(a) Name of insurance ca		DF CO				
4	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To
84-0591617	95669	07368	275		01/01/2019	12/31/2019
descending order of the	amount paid. amount of com	ation. Enter the total fees and to missions paid ees. (Complete as many entrie and address of the agent, broke	es as needed to report all	(b) To	otal amount of fees paid	other persons in
(b) Amount of sales ar			ees and other commission			
commissions paid (c) Amount				(d) Purpos	e	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid		
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e) Organization			
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose						
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commodene para			0000			
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
.,						
		Face and other commissions poid	(e)			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization			
commissions paid	(-)	(-)	code			
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid				
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid				
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount	(a) i dipose	code			
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier mag	y be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			. 5	
		tracts With Allocated Funds:				
Ü	a	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			. 6d	
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. c	heck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•						
	а	Type of contract: (1) deposit administration (2) immedia	ие рапісіраї	on guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	L	Delegan at the end of the envision			76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
			7e(2)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	. 7e(4)			
		•				
		(E) T + 1 1 1 1 1			70/F\	
		(5) Total deductions			. 7e(5)	0

Р	art	III Welfare Benefit Contract Informa	tion				
		If more than one contract covers the same of the information may be combined for reporting the information may be combined for the inf	ng purposes if such conti	acts are expe	erience-rated as a unit	t. Where co	ontracts cover individual
		employees, the entire group of such individu	ial contracts with each ca	rrier may be	treated as a unit for pu	urposes of t	his report.
8	Ben	nefit and contract type (check all applicable boxes)	_		_		_
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д	Supplemental unemp	ployment	h Prescription drug
	i	Stop loss (large deductible)	j X HMO contract	k 🗆	PPO contract		I Indemnity contract
	m	Other (specify)	-	_	1		<u> </u>
9	Fxp	erience-rated contracts:					
•		Premiums: (1) Amount received		9a(1)			
	_	(2) Increase (decrease) in amount due but unpaid	ľ	9a(2)			
		(3) Increase (decrease) in unearned premium rese		9a(3)			
		(4) Earned ((1) + (2) - (3))	•			9a(4)	
	b	Benefit charges (1) Claims paid	ſ	9b(1)		()	
		(2) Increase (decrease) in claim reserves	ľ				
		(3) Incurred claims (add (1) and (2))	L.			9b(3)	C
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or					
	-	(A) Commissions	·	9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses	ľ	9c(1)(D)			
		(E) Taxes					
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These					
	d	Status of policyholder reserves at end of year: (1)				9d(1)	
	u	(2) Claim reserves	•			9d(1)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no				90(3) 9e	
10	_	onexperience-rated contracts:	include amount entered	111111110 30(2).	.)	36	
10	a	Total premiums or subscription charges paid to ca	arrior			10a	1090039
						IVa	1080038
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than report				10b	
	Spe	ecify nature of costs.					
Р	art	IV Provision of Information					
11	Di	d the insurance company fail to provide any informa	ation necessary to compl	ete Schedule	A?	Yes	X No
12	lf t	the answer to line 11 is "Yes," specify the information	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p a. o a a	z = 1.10/ 1.00011011 1.00(α)(=)1			ilispection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019	T-	and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Numbe 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:	ale Scriedule A	A. Individual contracts grouped	as a unit in Faits ii anu iii	can be re	ported on a single Sched	iule A.
(a) Name of insurance ca		NORTHWEST				
	(c) NAIC	(d) Contract or	(e) Approximate nun		Policy or	contract year
(b) EIN	code	identification number	•	persons covered at end of policy or contract year		(g) To
93-0798039	95540	8384	50		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and t (a) Name a	fees. (Complete as many entricand address of the agent, broke	es as needed to report all per, or other person to whom	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom	commiss	sions or fees were paid	
(b) Amount of sales ar	nd hase	F	ees and other commissions	paid		
commissions pa		(c) Amount	(c	l) Purpos	e	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e) Organization			
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose						
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commodene para			0000			
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
.,						
		Face and other commissions poid	(e)			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization			
commissions paid	(-)	(-)	code			
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid				
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid				
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(c) Amount	(a) i dipose	code			
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier mag	y be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			. 5	
		tracts With Allocated Funds:				
Ü	a	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			. 6d	
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. c	heck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
•						
	а	Type of contract: (1) deposit administration (2) immedia	ие рапісіраї	on guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
	L	Delegan at the end of the envision			76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
			7e(2)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	. 7e(4)			
		•				
		(E) T + 1 1 1 1 1			70/F\	
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of th	racts are expe	erience-rated as a unit	. Where c	contracts cover individ	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance	;
	е	Te	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	oloyment	h Prescription of	irug
	i İ	St	op loss (large deductible)	j X HMO contract	k 🗆	PPO contract		I Indemnity cor	ıtract
	m	_	ther (specify)	, .		l		,	
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpaid	d	9a(2)				
		(3) lı	ncrease (decrease) in unearned premium res	serve	9a(3)		1		
		` '	Earned ((1) + (2) - (3))				9a(4)		
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves				1		
		(3) li	ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)	[- (1)(1) [
			(A) Commissions						
			(B) Administrative service or other fees		0.74170				
			(C) Other specific acquisition costs						
			(D) Other expenses		0-/4\/5\				
			(E) Taxes(F) Charges for risks or other contingencies.						
			(G) Other retention charges						
			(H) Total retention(H)				9c(1)(H	n	(
			Dividends or retroactive rate refunds. (These	_	_			-,	
	d		tus of policyholder reserves at end of year: (1						
	u		Claim reserves	•			9d(1)		
		` '	Other reserves				9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n						
10			erience-rated contracts:			,			
	а			carrier			10a		217148
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any specific costs in o	connection with	h the acquisition or			
	b	If th		red any specific costs in o	connection with	h the acquisition or	10a 10b		21
	art		Provision of Information				.,		
<u>11</u>	Di	d the	insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	lf t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p 41 0 44 11 10	=::::::::::::::::::::::::::::::::::::::			inspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:	ate deficacie r	1. Individual contracts grouped	as a difficility arts if and fire	barr be re	ported on a single ochec	auto A.
(a) Name of insurance ca		MIDATLANTIC				
4	(c) NAIC	(d) Contract or	(e) Approximate num		Policy or	contract year
(b) EIN	code	identification number	persons covered at e		(f) From	(g) To
52-0954463	95639	2204	59		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and t (a) Name a	ees. (Complete as many entrie	es as needed to report all pe er, or other person to whom ees and other commissions	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom	commiss	sions or fees were paid	
(b) Amount of sales ar	nd hase	Fe	ees and other commissions	paid		
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees	h contracts are expe	erience-rated as a unit. Wh	ere contra	acts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)	i				
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision	d [Life insurance
	е	Τe	emporary disability (accident and sickness)	f Long-term d	lisability g	Supplemental unemploym	ent h	Prescription drug
	i İ	St	op loss (large deductible)	j X HMO contra	ct k \square	PPO contract	ı	Indemnity contract
	m	_	ther (specify)	, 🗆			L	,
9	Ехр	erien	ce-rated contracts:					
	а	Prem	iums: (1) Amount received		9a(1)			
		(2) lı	ncrease (decrease) in amount due but unpai	d	9a(2)			
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)			
		` '	Earned ((1) + (2) - (3))			9	a(4)	
	b		efit charges (1) Claims paid					
			ncrease (decrease) in claim reserves					
		(3) li	ncurred claims (add (1) and (2))			<u>9</u>	b(3)	
		` '	Claims charged			<u>9</u>	b(4)	
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)				
			(A) Commissions					
			(B) Administrative service or other fees		0. (4)(0)			
			(C) Other specific acquisition costs					
			(D) Other expenses		0-(4)(5)			
			(E) Taxes(F) Charges for risks or other contingencies.					
			(G) Other retention charges					
			(H) Total retention(H)			90	(1)(H)	
			Dividends or retroactive rate refunds. (These	_	_		c(2)	
	d		tus of policyholder reserves at end of year: (1				d(1)	
	u		Claim reserves				d(1) d(2)	
		` '	Other reserves				d(3)	
	е	` '	dends or retroactive rate refunds due. (Do n				9e	
10			perience-rated contracts:		,	,		
	а		al premiums or subscription charges paid to	carrier			l0a	19626
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any specific cos	sts in connection with	n the acquisition or	1 0 b	
	a b	Total	al premiums or subscription charges paid to one carrier, service, or other organization incur	red any specific cos	sts in connection with	n the acquisition or		11
	art		Provision of Information					
11	Die	d the	insurance company fail to provide any inform	nation necessary to	complete Schedule	A? Yes	X	No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.	•			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p 41 0 44 11 10				mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:	ate deficacie r	1. Individual contracts grouped	as a unit in r arts ir and in	can be re	ported on a single ochec	duic A.
(a) Name of insurance ca		DF GA				
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate nur		Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
58-1592076	96237	2081	40		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and t (a) Name a	ees. (Complete as many entrie	es as needed to report all per, or other person to whom	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whom	commiss	sions or fees were paid	
(b) Amount of sales ar	nd hase	Fe	ees and other commissions	paid		
commissions pa		(c) Amount	(0	d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Р	art	III Welfare Benefit Contract Informa	ation				
		If more than one contract covers the same the information may be combined for report employees, the entire group of such individual.	ing purposes if such contr	acts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
_	_			mer may be	treated as a unit for p	urposes or t	nis report.
8	Ben	efit and contract type (check all applicable boxes)		_	Ī		
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д	Supplemental unem	ployment	h Prescription drug
	i	Stop loss (large deductible)	j X HMO contract	k 🗌	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:	,				
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				. 9a(4)	C
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves	L.				
		(3) Incurred claims (add (1) and (2))				. 9b(3)	C
		(4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)		1	
		(H) Total retention				. 9c(1)(H))
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide h	benefits after	retirement	. 9d(1)	
		(2) Claim reserves				. 9d(2)	
		(3) Other reserves				. 9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2) .	.)	. 9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			. 10a	233151
	b	If the carrier, service, or other organization incurr				10h	
	Sne	retention of the contract or policy, other than repo	orted in Part I, line 2 above	e, report amo	ount	10b	
	Spe	ecify nature of costs.					
_	- r4	N/ Dravision of Information					
	art						
11	Di	d the insurance company fail to provide any inform	ation necessary to comple	ete Schedule	A?	Yes	X No
12	lf t	he answer to line 11 is "Yes," specify the informati	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p a 10 a a . 11 to	2 = 1 11 07 1 0 0 0 11 1 1 0 0 (a)(=)			mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract. Individual contracts grouped				
1 Coverage Information:	ato Corrodato /	marriadar contracto groupou	ao a anicimi ano il ana il	1 0411 20 10	portod on a omigio Conoc	2010 7 11
(a) Name of insurance ca		DF HI				
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
94-1340523	60053	639	8		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and f (a) Name a	ees. (Complete as many entrie	es as needed to report all er, or other person to whore	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid	
(b) Amount of sales ar	nd base	F	ees and other commissior	ns paid		
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code
						•

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employee	ch contracts are exp	erience-rated as a	unit. Where co	ontracts cover individu	
8	Ben	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	c	Vision		d Life insurance	
	е	Te	emporary disability (accident and sickness)	f Long-term	disability g	Supplemental une	employment	h Prescription dr	ug
	i İ	St	op loss (large deductible)	j X HMO contra	act k	PPO contract		I Indemnity cont	ract
	m	_	ther (specify)	<i>,</i>	_			<u></u>	
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpai	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		
	b		efit charges (1) Claims paid					_	
			ncrease (decrease) in claim reserves						
		(3) li	ncurred claims (add (1) and (2))						C
		` '	Claims charged				9b(4)		
	С		nainder of premium: (1) Retention charges (c			T		_	
			(A) Commissions					_	
			(B) Administrative service or other fees		0. (4)(0)			_	
			(C) Other specific acquisition costs					_	
			(D) Other expenses		0-(4)(5)			_	
			(E) Taxes(F) Charges for risks or other contingencies.					_	
			(G) Other retention charges					_	
			(H) Total retention			I	9c(1)(H)	
			Dividends or retroactive rate refunds. (These	_	_			<u>'</u>	
	d		tus of policyholder reserves at end of year: (1		<u></u>				
	~		Claim reserves				· · · · ·		
		` '	Other reserves						
	е	` '	dends or retroactive rate refunds due. (Do n						
10			erience-rated contracts:		``	,	•		
	а	Tota	al premiums or subscription charges paid to o	carrier			10a		46896
	b	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep						
	a b Spe	Total	al premiums or subscription charges paid to de carrier, service, or other organization incurntion of the contract or policy, other than replature of costs.	red any specific co	sts in connection wi	th the acquisition or	r		
	art		Provision of Information				Пу	N. N.	
			insurance company fail to provide any inform			e A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.	>				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB No. 1210-0110

2019

		F 3 0 3.0				mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract. Individual contracts grouped				
1 Coverage Information:	ato Corrodato /	marradar comitacto groupou	do a dilicili i dito ii dila ii	1 0411 20 10	ported on a onigio cono.	3410 711
(a) Name of insurance ca KAISER FOUNDATION HE		DF N. CA				
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
94-1340523	00000	35147	438		01/01/2019	12/31/2019
descending order of the	amount paid. amount of com missions and f (a) Name a	ees. (Complete as many entrie	es as needed to report all er, or other person to whore	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid	
	ı					
(b) Amount of sales ar commissions par		(c) Amount	ees and other commission	ns paid (d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
.,								
			(e)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base	Fees and other commissions paid							
commissions paid	(c) Amount (d) Purpose		Organization code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e	5			
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а					
	L			Ch		
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Р	art	III Welfare Benefit Contract Informa	ition				
		If more than one contract covers the same of the information may be combined for reportional employees, the entire group of such individual.	ng purposes if such conti	acts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
_	_		iai contracts with each ca	inei may be	ireated as a utilition po	urposes or t	nis report.
8	Ben	efit and contract type (check all applicable boxes)	. 🗖		•		- 🗆
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д 🗌	Supplemental unem	ployment	h Prescription drug
	i [Stop loss (large deductible)	j X HMO contract	k 🗌	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:	,				
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium rese	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	C
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	C
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2) .	.)	. 9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			. 10a	2089359
	b	If the carrier, service, or other organization incurre	ed any specific costs in co	onnection witl	h the acquisition or		
	_	retention of the contract or policy, other than repo	orted in Part I, line 2 above	e, report amo	unt	. 10b	
	Spe	ecify nature of costs.					
P	art	IV Provision of Information					
11	Di	d the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	А?П	Yes	X No
		the answer to line 11 is "Yes," specify the information		oto Coricadie	,		
. 2		The allest of the Trib Tob, specify the illiotination	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		pursuant to	ENISA section 105(a)(z)			inspection			
For calendar plan year 20	19 or fiscal plar	n year beginning 01/01/2019		and en	nding 12/31/2019				
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Thre	e-digit number (PN)	504			
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500			oyer Identification Number 3408857	er (EIN)			
		ning Insurance Contrac Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance ca HORIZON BCBS OF NJ	rrier								
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year			
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To			
22-2651245	95529	67-77087	109		01/01/2019	12/31/2019			
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid									
3 Persons receiving com		ees. (Complete as many entries nd address of the agent, broker			·				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid					
commissions pai	id	(c) Amount	((d) Purpos	e	(e) Organization code			
	(a) Name a	nd address of the agent, broker	, or other person to whor	n commiss	sions or fees were paid				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpos	e	(e) Organization code			

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
.,								
			(e)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base	Fees and other commissions paid							
commissions paid	(c) Amount (d) Purpose		Organization code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e	5			
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а					
	L			Ch		
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of ting purposes if such co	ontracts are expe	erience-rated as a unit.	Where co	ontracts cover indiv	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision		d Life insuran	ce
	е	Τe	emporary disability (accident and sickness)	f Long-term disa	bility g	Supplemental unemp	loyment	h Prescription	drug
	i	St	op loss (large deductible)	j X HMO contract	• —	PPO contract	·	I Indemnity co	-
	m	_	ther (specify)	,	🗀			- <u> </u>	
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpai	d					
		(3) lı	ncrease (decrease) in unearned premium res	serve	9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		(
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves			T			
			ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged				9b(4)		
	С		nainder of premium: (1) Retention charges (c		0-(4)(4)				
			(A) Commissions						
			(B) Administrative service or other fees		0. (4)(0)				
			(C) Other specific acquisition costs(D) Other expenses						
			(E) Taxes		0-(4)(5)				
			(F) Charges for risks or other contingencies.						
			(G) Other retention charges						
			(H) Total retention				9c(1)(H))	(
			Oividends or retroactive rate refunds. (These	_	_	i i	9c(2)		
	d		tus of policyholder reserves at end of year: (1			F .	9d(1)		
	-		Claim reserves			i i	9d(2)		
		` '	Other reserves				9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n				9e		
10			erience-rated contracts:		, ,	,			
	а	Tota	al premiums or subscription charges paid to o	carrier			10a		729024
	b		e carrier, service, or other organization incur ntion of the contract or policy, other than rep				10b		
n	b Spe	If th rete ecify r	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.	red any specific costs i	n connection with	n the acquisition or			72
P	art	IV	Provision of Information						
11	Die	d the	insurance company fail to provide any inform	nation necessary to cor	mplete Schedule	A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

For calordar plan year 2019 or fiscal plan year beginning 01/01/2019 A Name of plan NOKIA RETIREE WELFARE BENEFITS PLAN B Three-digit, plan number (PN)			p a local it to	=: (i e) (c c c c (c) (=)	•		mspection
C Plan sponsor's name as shown on line 2a of Form 5500 NOKIA OF AMERICA CORPORATION Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier UHC OF CALIFORNIA (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overed at end of the policy or contract year persons overe	For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier UHC OF CALIFORNIA (b) EIN (c) NAIC (d) Contract or identification number of policy or contract year persons covered at end of policy or contract year policy or		RE BENEFITS	S PLAN				504
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier UHC OF CALIFORNIA (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code Fees and other commissions or fees were paid	NOKIA OF AMERICA CO	RPORATION			22-	3408857	
1 Coverage Information: (a) Name of insurance carrier UHC OF CALIFORNIA (b) EIN (c) NAIC code (d) Contract or identification number persons covered at end of policy or contract year (persons covered at end of policy or co							
(a) Name of insurance carrier UHC OF CALIFORNIA (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year (f) From (g) To 95-2931460 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (e) Organization code		ate deficuale r	1. Individual contracts grouped	as a unit in r arts ir and ir	r carr be re	ported on a single conet	duic A.
(b) EIN (c) Annual identification number persons covered at end of policy or contract year policy or contract year policy or contract year policy or contract year 170 01/01/2019 12/31/2019 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	(a) Name of insurance ca	rrier					
95-2931460 0000 142111 170 01/01/2019 12/31/2019 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	/LV FINI	(c) NAIC	(d) Contract or			Policy or	contract year
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base and address of the agent, broker, or other person to whom commissions or fees were paid	(D) EIN	code	identification number	· '		(f) From	(g) To
(a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid	95-2931460	00000	142111	170		01/01/2019	12/31/2019
(b) Amount of sales and base Fees and other commissions paid	descending order of the (a) Total a 3 Persons receiving com (b) Amount of sales ar	amount paid. amount of com missions and f (a) Name a	missions paid fees. (Complete as many entrie and address of the agent, broke	es as needed to report all er, or other person to whore	(b) To	otal amount of fees paid	
(b) Amount of sales and base Fees and other commissions paid		(a) Nama (and address of the agent broke	r, or other person to when	m commiss	sions or food wore paid	
(b) Amount of sales and base		(a) Name a	anu address or the agent, broke	i, oi other person to whor	ii commiss	sions of fees were paid	
					•	e	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
(b) Amount of calco and boso		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
(h) Amount of color and have		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
(u) Hai	ne and address of the agent, broker	, or datal person to whom commissions of rees were para					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
(In) Assessment of a little		Fees and other commissions paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e	5			
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а					
	L			Ch		
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of emp	if such contra	acts are expe	erience-rated as a u	nit. Where c	ontracts cove	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	He	ealth (other than dental or vision)	b Denta	ıl	С	Vision		d Life in	surance
	е	Te	emporary disability (accident and sickness)	f Long-	term disability	/ g	Supplemental une	mployment	h Presc	ription drug
	i İ	St	op loss (large deductible)	i X HMO	contract	k -	PPO contract		I Indem	nity contract
	m	_	ther (specify)	, L					Ц	•
9	Ехр	erien	ce-rated contracts:							
	а	Prem	iums: (1) Amount received			9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpai	b		9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve		9a(3)				
		` '	Earned ((1) + (2) - (3))		Г			9a(4)		
	b		efit charges (1) Claims paid		-					
			ncrease (decrease) in claim reserves							
		(3) li	ncurred claims (add (1) and (2))					9b(3)		
		` '	Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (n an accrual	basis)					
			(A) Commissions		-	9c(1)(A)			_	
			(B) Administrative service or other fees		Г	9c(1)(B)				
			(C) Other specific acquisition costs			9c(1)(C) 9c(1)(D)			_	
			(D) Other expenses		-	9c(1)(E)				
			(E) Taxes(F) Charges for risks or other contingencies.		H-	9c(1)(F)			_	
			(G) Other retention charges							
			(H) Total retention(H)					9c(1)(H)	
			Dividends or retroactive rate refunds. (These		_	_			′	
	d		tus of policyholder reserves at end of year: (1							
	u		Claim reserves	•	•					
		` '	Other reserves							
	е	` '	dends or retroactive rate refunds due. (Do n							
10			erience-rated contracts:				,			
	а		al premiums or subscription charges paid to	arrier				10a		80400
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any speci	fic costs in co	nnection wit	h the acquisition or			
	a b Spe	Total	al premiums or subscription charges paid to de carrier, service, or other organization incurntion of the contract or policy, other than replature of costs.	red any speci	fic costs in co	nnection wit	h the acquisition or			80
	art		Provision of Information				Г	¬ ,,	□ ··	
11	Die	d the	insurance company fail to provide any inform	nation necess	ary to comple	ete Schedule	A?	Yes	X No	
12	lf t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provid	led. 🕨					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and en	nding 12/31/2019	9			
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN			e-digit number (PN))	504		
C Plan sponsor's name a		e 2a of Form 5500			oyer Identification I 3408857	Number (EIN)		
NORIA OF AMERICA CO	RECKATION			22	3400007				
		rning Insurance Contra A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca PARTNERS NATL HEALTI		NC INC.							
(c) NAIC (d) Contract or (e) Approximate number 1				Po	olicy or co	ontract year			
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	l	(g) To		
56-0894904	54631	11453	553	1	01/01/2019		12/31/2019		
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.									
(a) Total amount of commissions paid (b) Total amount of fees paid									
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).									
J Persons receiving com		and address of the agent, broke			sions or fees were	naid			
			·						
(b) Amount of sales ar	nd base		ees and other commission	ns paid					
commissions pai	id	(c) Amount		(d) Purpos	e		(e) Organization code		
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees were	paid			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid	•				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
.,	<u> </u>							
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Р	art	III Welfare Benefit Contract Informa	ation				
		If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	ing purposes if such contr	acts are expe	erience-rated as a unit	t. Where co	ontracts cover individual
0	Dan		di contracts with each ca	iner may be	treated as a unit for pr	uiposes oi t	піз терогі.
0	F	efit and contract type (check all applicable boxes)	ь П ъ		1		al 🗆
	a	Health (other than dental or vision)	b Dental	c _	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription drug
	i [Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:	ī	T			
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			_
		(3) Increase (decrease) in unearned premium res	-	9a(3)		0 (1)	
		(4) Earned ((1) + (2) - (3))				. 9a(4)	C
	b	Benefit charges (1) Claims paid	•	9b(1)			-
		(2) Increase (decrease) in claim reserves				01 (0)	
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (or		0 (4)(4)			-
		(A) Commissions		9c(1)(A)			\dashv
		(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)			_
		(C) Other specific acquisition costs		9c(1)(D)			_
		(D) Other expenses					\dashv
		(E) Taxes(F) Charges for risks or other contingencies		9c(1)(F)			-
		(G) Other retention charges		9c(1)(G)			\dashv
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These					,
	ч	Status of policyholder reserves at end of year: (1)	_			` '	
	d	(2) Claim reserves	•			9d(1) 9d(2)	-
		(3) Other reserves				9d(2)	
	е	Dividends or retroactive rate refunds due. (Do no				. 9e	
10	_	pnexperience-rated contracts:	niciade amount entered	111111110 30(2)	.,,	. 36	
. •	а	Total premiums or subscription charges paid to c	arrier			. 10a	475185
	b	If the carrier, service, or other organization incurr				100	110100
	D	retention of the contract or policy, other than repo				10b	
	Spe	ecify nature of costs.	, , ,	-, -,			
Р	art	IV Provision of Information					
11	Die	d the insurance company fail to provide any inform	ation necessary to compl-	ete Schedule	A?	Yes	X No
		the answer to line 11 is "Yes," specify the informati			<u> </u>		
		,p ,					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		p u o u u i i i				шэресноп
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and en	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN	E	3 Thre plan	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:	ate deficació r	. marriada contracto groupea	as a unit iii i ans ii and iii c	andere	ported on a single ochec	Jule A.
(a) Name of insurance ca	rrier					
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate num		Policy or	contract year
(b) EIN	code	identification number	•	persons covered at end of policy or contract year		(g) To
33-0115166	96903	008102	83		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and f (a) Name a	ees. (Complete as many entrie	es as needed to report all pe er, or other person to whom	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom	commiss	sions or fees were paid	
	T					_
(b) Amount of sales ar commissions pa		(c) Amount		s and other commissions paid (d) Purpose		

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
.,								
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of other person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to contract the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of ting purposes if such c	ontracts are expe	erience-rated as a unit. \	Where cor	ntracts cover individual	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision	(d Life insurance	
	е	Τe	emporary disability (accident and sickness)	f Long-term disa	ability g	Supplemental unemplo	yment	h Prescription drug	
	i İ	St	op loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contract	
	m	_	ther (specify)	, .					
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpai	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		C
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves						
		(3) li	ncurred claims (add (1) and (2))				9b(3)		С
		` '	Claims charged				9b(4)		_
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)	[- (1)(1)]				
			(A) Commissions						
			(B) Administrative service or other fees		0. (4)(0)			_	
			(C) Other specific acquisition costs					_	
			(D) Other expenses		0-(4)(5)			-	
			(E) Taxes(F) Charges for risks or other contingencies.					-	
			(G) Other retention charges					-	
			(H) Total retention(H)				9c(1)(H)		-
			Dividends or retroactive rate refunds. (These	_	_		9c(2)		_
	d		tus of policyholder reserves at end of year: (1				9d(1)		_
	u		Claim reserves				9d(1) 9d(2)		_
		` '	Other reserves			<u> </u>	9d(3)		_
	е	` '	dends or retroactive rate refunds due. (Do n				9e		_
10			erience-rated contracts:			,			Т
	а			carrier			10a	3967	94
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any specific costs i	in connection with	n the acquisition or	10b		
	a b	Total	al premiums or subscription charges paid to de carrier, service, or other organization incurntion of the contract or policy, other than replature of costs.	red any specific costs i	in connection with	n the acquisition or	10a 10b	3	9679
	art		Provision of Information			□	Г	7	
<u>11</u>	Die	d the	insurance company fail to provide any inform	nation necessary to cor	mplete Schedule	A? Y	es	No No	_
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parouarit to	=: (10) (000(10): 100(10)(2)			mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION			22-	oyer Identification Number 3408857	
		rning Insurance Contract. Individual contracts grouped				
1 Coverage Information:	ato Corrodato 7	marriadar contracto groupou	ac a ann mir and manan	1 0411 20 10	portou on a onigio cono	3410 71.
(a) Name of insurance ca						
/L\	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		(g) To
61-1279717	95158	SEE BELOW*	104		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and f (a) Name a	ees. (Complete as many entrie	es as needed to report all er, or other person to whore	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid		
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
commodene para			0000					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
.,								
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(4)	(-)	code					
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid						
(a) (vai	ne and address of the agent, broker	, of other person to whom commissions of rees were paid						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(a) i dipose	code					
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the	tracts are expe	erience-rated as a unit	. Where c	ontracts cover indiv	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insuran	ce
	е	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unemp	oloyment	h Prescription	drug
	i İ	St	op loss (large deductible)	j X HMO contract	- <u>-</u> _	PPO contract		I Indemnity co	ontract
	m	_	ther (specify)	, .				,	
9	Exp	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		. 9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpaid	d	. 9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	. 9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		C
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves						
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees		0.74\70\				
			(C) Other specific acquisition costs		- (
			(D) Other expenses		0-(4)(5)				
			(E) Taxes						
			(F) Charges for risks or other contingencies. (G) Other retention charges						
			(H) Total retention(H)				9c(1)(H)	
			Dividends or retroactive rate refunds. (These	_	_			'	
	d		tus of policyholder reserves at end of year: (1						
	u		Claim reserves	,			9d(1)		
		` '	Other reserves				9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n						
10			perience-rated contracts:	or morado amodin omoro	· · · · · · · · · · · · · · · · · · ·	,			
	а		al premiums or subscription charges paid to o	carrier			10a		196190
	b		e carrier, service, or other organization incur						
		rete	ntion of the contract or policy, other than rep				10b		
	Spe		nature of costs.						
Р	art	IV	Provision of Information						
11	Di	d the	insurance company fail to provide any inform	nation necessary to comp	olete Schedule	A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

,			ERISA section 103(a)(2)		lion	This Fo	rm is Open to Public Inspection
For calendar plan year 20	19 or fiscal pla	an year beginning 01/01/2019		and en	ding 12/31	1/2019	
A Name of plan NOKIA RETIREE WELFA	ARE BENEFIT	S PLAN			e-digit number (PN) >	504
C Plan sponsor's name a	RPORATION			22-	3408857	ation Number	
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		DMPANY					
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or o	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f)	From	(g) To
13-5581829	65978	95083-G	74160	74160			12/31/2019
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, b	orokers, and o	other persons in
(a) Total	amount of con	nmissions paid		(b) To	otal amount o	of fees paid	
180000 571799							
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
AON CONSULTING INC			0 NETWORK PLACE AGO, IL 60673-1298				
(b) Amount of sales a	nd base	Ę	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	180000		ADMIN FEES SUPPLEME MONETARY COMPENSA		MPENSATIC	ON NON-	3
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
(b) Amount of sales a	nd base		ees and other commission	-			
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,	<u> </u>		
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Pa	Part III Welfare Benefit Contract Information					
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual to the contract covers the same the information may be contracted to the same that the covers the same the covers the same that the covers the covers the same that the covers the cover	ting purposes if such cont	racts are expe	erience-rated as a unit. Where	contracts cover individual
8 B	enefit	and contract type (check all applicable boxes)				
	_	Health (other than dental or vision)	b Dental	с	Vision	d X Life insurance
	జ		- 📙		Supplemental unemployment	
	=	Femporary disability (accident and sickness)				=
I	=	Stop loss (large deductible)	j HMO contract	k ∐	PPO contract	I Indemnity contract
r	n 📙 🤇	Other (specify)				
		nce-rated contracts:				
а		miums: (1) Amount received		9a(1)	4242704	
		Increase (decrease) in amount due but unpai				0
		Increase (decrease) in unearned premium res			0-(4)	0
	. '	Earned ((1) + (2) - (3))				
		enefit charges (1) Claims paid			8643560	
	, ,	Increase (decrease) in claim reserves			22575	
		Incurred claims (add (1) and (2))				
	` '	Claims charged		•••••	9b(4)	88093103
,	C Re	emainder of premium: (1) Retention charges (c		9c(1)(A)	1800	00
		(A) Commissions(B) Administrative service or other fees			1000	0
		(C) Other specific acquisition costs		0 (4)(0)		0
		(D) Other expenses		0. (4)(D)	16625	
		(E) Taxes			11591	
		(F) Charges for risks or other contingencies.		9c(1)(F)	5485	
		(G) Other retention charges		9c(1)(G)	12094	
		(H) Total retention			9c(1)(I	H) 4759668
	(2)	Dividends or retroactive rate refunds. (These	e amounts were paid in	n cash, or	credited.)9c(2)	191867
		atus of policyholder reserves at end of year: (1		_		
) Claim reserves	•			
	(3)	Other reserves				
	e Div	vidends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2) .		(
10	Nonex	perience-rated contracts:				
	a To	otal premiums or subscription charges paid to	carrier		10a	
		the carrier, service, or other organization incur tention of the contract or policy, other than rep				
	b If t	the carrier, service, or other organization incur	red any specific costs in c	onnection with	h the acquisition or	
11		Provision of Information e insurance company fail to provide any informations answer to line 11 is "Yes," specify the information.		lete Schedule	A? Yes	X No
11	Did the	e insurance company fail to provide any inform		lete Schedule	A? Yes	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parodant to	2 = 1.10/ 1.000 t.01/(=/).			mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019		and en	ding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN	E	3 Thre plan	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO		e 2a of Form 5500	С		yer Identification Numbe 3408857	r (EIN)
		rning Insurance Contract. Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca AETNA HEALTH PLANS	ırrier					
	(c) NAIC	(d) Contract or	(e) Approximate numl		Policy or	contract year
(b) EIN	code	identification number	persons covered at e		(f) From	(g) To
52-1270921	95287	US028740	95		01/01/2019	12/31/2019
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List	in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Parsons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all ne	reone)		
T ersons receiving com		and address of the agent, broke			ions or fees were paid	
(b) Amount of sales ar	nd base		ees and other commissions			
commissions pa	id	(c) Amount	(d)	Purpos	е	(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom o	commiss	ions or fees were paid	
(b) Amount of sales ar			ees and other commissions			
commissions pa	id	(c) Amount	(d)	Purpos	e	(e) Organization code
				_		

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ting purposes if such cont	racts are expe	erience-rated as a unit	. Where c	ontracts cover indi	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurar	nce
	е	Te	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	oloyment	h Prescription	n drug
	ιÌ	St	op loss (large deductible)	j X HMO contract	k 🗆	PPO contract		I Indemnity o	ontract
	m	_	ther (specify)	, .		I		, , , , , , , , , , , , , , , , , , ,	
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpaid	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		C
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves						
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees		0.74170				
			(C) Other specific acquisition costs						
			(D) Other expenses		0-/4\/5\				
			(E) Taxes(F) Charges for risks or other contingencies.						
			(G) Other retention charges						
			(H) Total retention(H)				9c(1)(H)	(
			Dividends or retroactive rate refunds. (These	_	_			.,	
	d		tus of policyholder reserves at end of year: (1						
	u		Claim reserves	•			9d(1)		
		` '	Other reserves				9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n						
10			perience-rated contracts:		,	,			
	а		al premiums or subscription charges paid to o	carrier			10a		579195
	b	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep	red any specific costs in c	connection with	h the acquisition or			
	a b	Total	al premiums or subscription charges paid to one carrier, service, or other organization incurnation of the contract or policy, other than replature of costs.	red any specific costs in c	connection with	h the acquisition or			5
	art		Provision of Information				.,		
11	Die	d the	insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		parodani is	z = ι ι σ, ι σσσιιστι τοσ (α)(=).			mspection
For calendar plan year 20	19 or fiscal pla	n year beginning 01/01/2019	T	and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	S PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a NOKIA OF AMERICA CO	RPORATION		et Coverene Free	22-	oyer Identification Number 3408857	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:					portou on a omgro conte	
(a) Name of insurance ca AETNA LIFE INSURANCE						
4	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
06-6033492	60054	0700140-RET	23384		01/01/2019	12/31/2019
descending order of the	e amount paid. amount of com missions and t (a) Name a	ees. (Complete as many entrie	es as needed to report all per, or other person to whom	(b) To	otal amount of fees paid	(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whon	n commiss	sions or fees were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid		
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,	<u> </u>		
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the last terms of the Patrick of the continue to the continue to		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Р	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of the	racts are expe	erience-rated as a unit	. Where c	ontracts cover in	
8	Ben	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b X Dental	c 🗌	Vision		d Life insura	ance
	е	Τe	emporary disability (accident and sickness)	f Long-term disability	ty \mathbf{g}	Supplemental unemp	oloyment	h Prescripti	on drug
	i İ	St	op loss (large deductible)	j HMO contract	· — —	PPO contract	•	I Indemnity	-
	m	_	ther (specify)	, 🗆	🗀			- <u>П</u> ,	
	•••	Ц О	inci (opcony)						
9	Exp	erien	ce-rated contracts:						
	•		iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpai	d	· · · ·				
			ncrease (decrease) in unearned premium res						
		(4) E	Earned ((1) + (2) - (3))				9a(4)		C
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) li	ncrease (decrease) in claim reserves		9b(2)				
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		(4) (Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)	<u> </u>				
			(A) Commissions						
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs						
			(D) Other expenses		0-/4\/5\				
			(E) Taxes						
			(F) Charges for risks or other contingencies.						
			(G) Other retention charges				00/41/14	\ \ \	
			(H) Total retention	_			9c(1)(H)	
			Dividends or retroactive rate refunds. (These		لسنا				
	d		tus of policyholder reserves at end of year: (1	•					
		` '	Claim reserves				9d(2)		
	_	` '	Other reserves				9d(3)		_
10			dends or retroactive rate refunds due. (Do nerience-rated contracts:	ot include amount entered	in line 90(2).)	9e		
10	a		al premiums or subscription charges paid to o	parrier			10a		8890810
							104		0090010
	b Spe	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.				10b		
n		ecify r	nature of costs.	orted in Part I, line 2 abov	e, report amo	unt	106		
Р	art	IV	Provision of Information			-			
11	Di	d the	insurance company fail to provide any inforn	nation necessary to compl	ete Schedule	A?	Yes	X No	
12	lf t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		pa.oaa to .			mspection
For calendar plan year 20	19 or fiscal plar	n year beginning 01/01/2019	and	ending 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		nree-digit an number (PN)	504
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500	D Em	ployer Identification Number	er (EIN)
NOKIA OF AMERICA CO	RPORATION		2	22-3408857	
		rning Insurance Contract Individual contracts grouped a			
1 Coverage Information:					
(a) Name of insurance ca					
# N = 10.1	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy o	r contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
61-1103898	95270	SEE BELOW*	66	01/01/2019	12/31/2019
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. List in line	3 the agents, brokers, and	d other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
3 Persons receiving com	missions and fo	ees. (Complete as many entries	as needed to report all persons).	
	(a) Name a	and address of the agent, broker,	or other person to whom comm	issions or fees were paid	
(b) Amount of sales ar	nd base	Fee	es and other commissions paid		
commissions pa	id	(c) Amount	(d) Purp	ose	(e) Organization code
	(a) Name a	and address of the agent, broker,	or other person to whom comm	issions or fees were paid	
(b) Amount of sales ar	nd base	Fee	es and other commissions paid		
commissions pa		(c) Amount	(d) Purp	ose	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of ting purposes if such co	ontracts are expe	erience-rated as a unit.	Where co	ontracts cover individu	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	c 🗌	Vision		d Life insurance	
	е	Te	emporary disability (accident and sickness)	f Long-term disa	bility g	Supplemental unempl	loyment	h Prescription dr	ug
	i İ	St	op loss (large deductible)	j X HMO contract	k∏	PPO contract		I Indemnity cont	ract
	m	_	ther (specify)	,	ш			"	
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) li	ncrease (decrease) in amount due but unpai	d	9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve	9a(3)				
		` '	Earned ((1) + (2) - (3))				9a(4)		
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves						
		(3) li	ncurred claims (add (1) and (2))				9b(3)		C
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)	[a (a)(a) [
			(A) Commissions						
			(B) Administrative service or other fees		0. (4)(0)				
			(C) Other specific acquisition costs						
			(D) Other expenses		0-(4)(5)				
			(E) Taxes(F) Charges for risks or other contingencies.						
			(G) Other retention charges						
			(H) Total retention				9c(1)(H))	(
			Dividends or retroactive rate refunds. (These	_	_	-	9c(2)		
	d		tus of policyholder reserves at end of year: (1			-	9d(1)		
	~		Claim reserves	,		-	9d(2)		
		` '	Other reserves			F	9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n				9e		
10			erience-rated contracts:		```	,			
	а		al premiums or subscription charges paid to	carrier			10a		46034
	b		e carrier, service, or other organization incur ntion of the contract or policy, other than rep				10b		
	a b Spe	Total	al premiums or subscription charges paid to de carrier, service, or other organization incurntion of the contract or policy, other than replature of costs.	red any specific costs i	n connection with	n the acquisition or			
	art		Provision of Information				V	N-	
			insurance company fail to provide any inform		mplete Schedule	A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	tion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

For calendar plan year 20	19 or fiscal plar	n year beginning 01/01/2019		and en	ding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN			e-digit number (PN)	504
C Plan sponsor's name as shown on line 2a of Form 5500 NOKIA OF AMERICA CORPORATION 22-3408857						er (EIN)
		ning Insurance Contra . Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca AETNA HEALTH PLANS	rrier					
/ b \	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy o	r contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To
23-2169745	95109	US028740	81		01/01/2019	12/31/2019
2 Insurance fee and coming descending order of the		ation. Enter the total fees and t	total commissions paid. Li	ist in line 3	the agents, brokers, and	d other persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entric	es as needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai	id	(c) Amount		(d) Purpose	9	(e) Organization code
	(a) Name a	nd address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales ar			ees and other commission			
commissions pai	id	(c) Amount		(d) Purpose	9	(e) Organization code

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commodene para			0000
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
.,			
			(e)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	Organization
commissions paid	(4)	(-)	code
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
(a) (vai	ne and address of the agent, broker	, of dutel person to whom commissions of rees were paid	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(a) i dipose	code
(a) Nor	no and address of the agent broker	or other person to whom commissions or face were paid	
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to continue to the large transfer and the Patrikesta have the force of the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:	- 411			
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Pa	art I	III Welfare Benefit Contract Informa	ition				
		If more than one contract covers the same of the information may be combined for reportional employees, the entire group of such individual.	ng purposes if such cont	acts are expe	erience-rated as a u	nit. Where co	ontracts cover individual
8	Bene	efit and contract type (check all applicable boxes)					
	аΓ	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
		- -	_ H	<u> </u>	1		
	e	Temporary disability (accident and sickness)	f Long-term disabilit		Supplemental une	mployment	h Prescription drug
	i L	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	erience-rated contracts:	,				
	a F	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium rese	erve	9a(3)			
	_	(4) Earned ((1) + (2) - (3))	i			9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))					C
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	·				
		(A) Commissions		9c(1)(A)			_
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			-
		(F) Charges for risks or other contingencies (G) Other retention charges		9c(1)(G)			
		(H) Total retention(H)				9c(1)(H)
		(2) Dividends or retroactive rate refunds. (These					,
	٨		_			` ` `	_
	d	Status of policyholder reserves at end of year: (1) (2) Claim reserves	•			9d(1) 9d(2)	_
		(3) Other reserves					
	е	Dividends or retroactive rate refunds due. (Do no					
10		nexperience-rated contracts:	include amount entered	111111110 30(2)	.)	36	
. •		Total premiums or subscription charges paid to ca	arrier			10a	429076
		If the carrier, service, or other organization incurre					120010
	D	retention of the contract or policy, other than repo				10b	
	Spe	cify nature of costs.		-,			
Pa	art l	V Provision of Information					
		the insurance company fail to provide any information	ation necessary to compl	ete Schedule	Α?	Yes	X No
		the answer to line 11 is "Yes," specify the information		oto ochedule			
12	ır tr	ie answer to line i i is i res, specify the information	on not provided. 🔻				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

		paroaani to	=::::::::::::::::::::::::::::::::::::::	-		IIISPECTION
For calendar plan year 20	19 or fiscal plar	n year beginning 01/01/2019		and er	nding 12/31/2019	
A Name of plan NOKIA RETIREE WELFA	RE BENEFITS	PLAN		B Thre	e-digit number (PN)	504
C Plan sponsor's name a		e 2a of Form 5500			oyer Identification Number 3408857	er (EIN)
NORTH OF THE LITTLE OF CO.	THE OTHER THOR				0.10000.	
		ning Insurance Contract. Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
37-1326199	95885	304356, 303931	141		01/01/2019	12/31/2019
descending order of the		ation. Enter the total fees and to	otal commissions paid. Li		the agents, brokers, and	other persons in
(a) Total a	amount of com	Tilssions palu		(b) 10	otal amount of fees paid	
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	persons).		
<u> </u>		and address of the agent, broke		· · · · · · · · · · · · · · · · · · ·	sions or fees were paid	
(b) Amount of sales ar			ees and other commission			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to whor	n commiss	sions or fees were paid	
		, , , , , , , , , , , , , , , , , , ,	, ,			
(b) Amount of sales ar	nd base		ees and other commission	ns paid		
commissions pa	id	(c) Amount		(d) Purpos	е	(e) Organization code
						<u> </u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
(b) Amount of calco and because		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
(h) Amount of color and have		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
(u) Hai	ne and address of the agent, broker	, or datal person to whom commissions of rees were para		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
(In) Assessment of a little		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contrac	ets with each carrier may	/ be treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
		tracts With Allocated Funds:				
U		State the basis of premium rates				
	а	State the basis of premium rates V				
	L				Ch	
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount.				
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
		(4)				
	_	Manager to contract the second		to a state to a second		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma				
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	on guarantee		
		(3) guaranteed investment (4) other				
	L				76	
	b	Balance at the end of the previous year			. 7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
					7-(0)	
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	.e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•	. ,			
		,				
		(5) Total deductions			. 7e(5)	0

Р	art	III Welfare Benefit Contract Informa	tion				
		If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	ng purposes if such conti	acts are expe	erience-rated as a unit	t. Where co	ontracts cover individual
_	_		iai contracts with each ca	illei illay be	ireated as a utilit for po	urposes or i	riis report.
Ø	Ben	nefit and contract type (check all applicable boxes)	- 🗖	_	•		- 🗖
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unemp	ployment	h Prescription drug
	i	Stop loss (large deductible)	j X HMO contract	k 🗌	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:	r				
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium rese		9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	C
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves	L	. , , ,			
		(3) Incurred claims (add (1) and (2))				9b(3)	C
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)		T =	
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	penefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	in line 9c(2) .	.)	. 9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	315358
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than repo				. 10b	
	Spe	ecify nature of costs.	, , , , , , , , , , , , , , , , , , , ,	, -1			
P	art	IV Provision of Information					
11	Die	d the insurance company fail to provide any informa	ation necessary to compl	ete Schedule	A?	Yes	X No
12	lf t	the answer to line 11 is "Yes," specify the information	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee

Retirement Income Security Act of 1974 (ERISA).

• File as an attachment to Form 5500.

Service Provider Information

OMB No. 1210-0110

2019

or calendar plan year 2019 or fiscal plan year beginning 01/01/2019	and ending 12/31/2019	
A Name of plan	B Three-digit	
NOKIA RETIREE WELFARE BENEFITS PLAN	plan number (PN)	504
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number	(EIN)
NOKIA OF AMERICA CORPORATION	22-3408857	
Part I Service Provider Information (see instructions)		
		" " " " " " " " " " " " " " " " " " " "
You must complete this Part, in accordance with the instructions, to report the information re- or more in total compensation (i.e., money or anything else of monetary value) in connection		
plan during the plan year. If a person received only eligible indirect compensation for which		
answer line 1 but are not required to include that person when completing the remainder of the	nis Part.	
1 Information on Persons Receiving Only Eligible Indirect Compensati		
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of the		
indirect compensation for which the plan received the required disclosures (see instructions f	or definitions and conditions)	XYes No
b If you are your discount (N/o " outsythe name and FINI on address of each name was discount.	. the a manufined disclosumes for the accord	a a mandala ma sula a
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see instructions)		ce providers wno
Toolivad arriy diigible indirect adripperbation. Complete do many antires do needed (ace insti	dollono).	
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensa	ation
THE DREYFUS CORPORATION		
13-5673135		
13-3073133		
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensa	ation
METLIFE		
13-5881829		
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensa	ntion
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compense	ation
(12) = 110. Hamb and Ent of address of person time provided you disk		

Schedule C (Form 5500) 2019	Page 2- 1
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	ou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	rou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	vou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	vou disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided y	vou disclosures on eligible indirect compensation
(1) -	
(b) Enter name and EIN or address of person who provided y	you disclosures on eligible indirect compensation

Page 3 -	1
-----------------	---

11 16 38 50 NONE

334970

Yes No X

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN o	r address (see instructions)		
ALIGHT S	OLUTIONS LLC					
82-106123	33					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
13 15 50	NONE	2907443	Yes No 🛚	Yes No		Yes No
	1	<u>'</u>	(a) Enter name and EIN or	address (see instructions)		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect	Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	
13 50	NONE	1618476	Yes No 🛚	Yes 📗 No 🗍		Yes No
		((a) Enter name and EIN or	address (see instructions)		
AON CON	ISULTING, INC.					
22-223226	54					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount

Yes No No

Yes No

Schedule C (F	orm 5500) 2019
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	Schedule C (Form 550	00) 2019		Page 3 - 2		
answered	I "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
IBM WATS	SON HEALTH					
13-087198	35					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
15 50	NONE	236482	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)	l	
36-273957 (b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee organization, or person known to be a party-in-interest	compensation paid by the plan. If none, enter -0	receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	provider give you a formula instead of an amount or estimated amount
13 50	NONE	235638	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
NOKIA INV 22-364652	VESTMENT MNGMT (CORP.				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount
31 50	AFFILIATE	44516	Yes No 🛚	Yes No		Yes No

Page 3	} -	-
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Schedule C	(Form 5500)	2019

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRICEWATERHOUSE COOPERS LLC

13-4008324

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
10 50	NONE	26947	Yes No 🛚	Yes No		Yes No

(a) Enter name and EIN or address (see instructions)

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(b) Service Code(s)	Relationship to employer, employer, or ganization, or person known to be a party-in-interest		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
21 24 28 50 51	NONE	25338	Yes X No [Yes 🛛 No 🗌	0	Yes No X

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
19 21 25 49 50 62	TRUSTEE	23000	Yes X No	Yes X No	0	Yes X No

Page 3 -	4

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		· ·	(a) Enter name and EIN or	r address (see instructions)		
SEPIRE L			· ·			
30-111182	22					
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50	NONE	19991	Yes No 🛚	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)		(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	14076	Yes No X	Yes No	answered "Yes" to element (f). If none, enter -0	Yes No
			2) Enter name and EIN or	address (see instructions)		
22-238166	T			· · · · · ·		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 50	NONE	11291	Yes No X	Yes No		Yes No

Page	3	-	
Page	3	-	

answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
-			(a) Enter name and EIN or	r address (see instructions)	· · · · · · · · · · · · · · · · · · ·	·
TAX SAVE	ER .					
75-176118	2					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	5654	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Part I	Service	Provider	Information	(continued
raiti	Sel vice	riovidei	miormation	(Continuea

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensor provides contract administrator, consulting, custodial, investment advisory, investment management of (a) each source from whom the service provider received \$1,000 or more in incomprovider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	anagement, broker, or recordkeepin direct compensation and (b) each s	g services, answer the following ource for whom the service		
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect		
	(see instructions)	compensation		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		compensation, including any the service provider's eligibility		
		the indirect compensation.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.		

Part II Service Providers Who Fa	il or Refuse to P	rovida Inform	mation
			r who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of servi instructions)	ce provider (see	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of servi instructions)	ce provider (see	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of servi instructions)	ce provider (see	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of servi	ce provider (see	(b) Nature of	(c) Describe the information that the service provider failed or refused to
instructions)		Service Code(s)	provide
(a) Enter name and EIN or address of servi instructions)	ce provider (see	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of servi instructions)	ce provider (see	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Pa	art III	Termination Information on Accountants and Enrolled Actua	ries (see instructions)
		(complete as many entries as needed)	The envi
<u>a</u>	Name:		b EIN:
<u> </u>	Positio		
d	Addres	SS:	e Telephone:
Fx	planation);	
	.pianatioi	•	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	planation	n:	
а	Name:		b EIN:
С	Positio	n:	
d	Addres	SS:	e Telephone:
		<u> </u>	
EX	planation	1.	
а	Name:		b EIN:
C	Positio		D LIN.
d	Addres		e Telephone:
-	, taarot		• Tolophone.
Ex	planation	n:	
а	Name:		b EIN:
С	Positio		
d	Addres	ss:	e Telephone:
Ex	planation	n:	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

For calendar plan year 2019 or fiscal p	plan year beginning	01/01/2019 an	d ending 12/31/2019	
A Name of plan		B Three-digit		
NOKIA RETIREE WELFARE BENEFI	TS PLAN		plan number (PN)	504
C Dian as DEE an array's state of a		. 5500	D. Fanalassan Idantification Number	(FINI)
C Plan or DFE sponsor's name as she NOKIA OF AMERICA CORPORATION		1 5500	D Employer Identification Numb	er (EIN)
NORTH OF AMERICA CONTROL			22-3400037	
Part I Information on inter	ests in MTIAs. CC	Ts, PSAs, and 103-12 IEs (to be co	ompleted by plans and DFEs	
	•	to report all interests in DFEs)		,
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	EQUITY INDEX FUND		
b Name of sponsor of entity listed in	(a): BLACKROCK	INSTITUTIONAL TRUST CO. N.A.		
O FINI DNI 04 2407047 004	d Entity	e Dollar value of interest in MTIA, CCT, I	PSA, or	74550440
C EIN-PN 94-3167617-001	code	103-12 IE at end of year (see instruction	ons)	74550416
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	EAFE EQUITY INDEX FUND		
	BI ACKROCK	INSTITUTIONAL TRUST CO. N.A.		
b Name of sponsor of entity listed in	(a):	THO THO HOLD THOST GO. N.A.		
C FINI DNI 04 6594674 004	d Entity C	e Dollar value of interest in MTIA, CCT, I	PSA, or	24865674
C EIN-PN 94-6581674-001	code	103-12 IE at end of year (see instruction	ons)	24003074
a Name of MTIA, CCT, PSA, or 103-	12 IE: BLACKROCK	U.S. DEBT INDEX FUND		
	BI ACKROCK	INSTITUTIONAL TRUST CO. N.A.		
b Name of sponsor of entity listed in	(a):			
C EIN-PN 94-3138366-001	d Entity C	e Dollar value of interest in MTIA, CCT, I	PSA, or	32012082
C EIN-PN 94-3138300-001	code	103-12 IE at end of year (see instruction	ons)	32012002
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C FINI DNI	d Entity	e Dollar value of interest in MTIA, CCT, I	PSA, or	
C EIN-PN	code	103-12 IE at end of year (see instruction	ons)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, I	PSA, or	
C EIN-FIN	code	103-12 IE at end of year (see instruction	ons)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, I	PSA, or	
	code	103-12 IE at end of year (see instruction	ons)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN DN	d Entity	e Dollar value of interest in MTIA, CCT, I	PSA, or	
C EIN-PN	code	103-12 IE at end of year (see instruction	ons)	

Schedule D (Form 5500)	2019	Page 2 - 1		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in	in (a):			
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:				
b Name of sponsor of entity listed in (a):				
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 10	3-12 IE:			

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

e Dollar value of interest in MTIA, CCT, PSA, or

103-12 IE at end of year (see instructions)

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

C EIN-PN

C EIN-PN

d Entity

d Entity

code

code

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan nar		
b	Name of plan spo		C EIN-PN
а	Plan nar	ne	
b	Name of		C EIN-PN
а	Plan nar	ne	
b	Name o		C EIN-PN
а	Plan naı	ne	
b	Name of plan spo		C EIN-PN
а	Plan nar	ne	
b	Name of plan spo		C EIN-PN
а	Plan nar	ne	
b	Name o		C EIN-PN
а	Plan nar	ne	
b	Name of plan spo		C EIN-PN
а	Plan naı	ne	
b	Name o		C EIN-PN
а	Plan nar	ne	
b	Name of plan spo		C EIN-PN
	Plan nar		
b	Name of plan spo		C EIN-PN
а	Plan nar	ne	
b	Name o		C EIN-PN
а	Plan naı	ne	
b	Name of		C EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public

Pension Benefit Guaranty Corporation	inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019	and ending 12/31/2019
A Name of plan NOKIA RETIREE WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
NOKIA OF AMERICA CORPORATION	22-3408857
Part I Asset and Liability Statement	

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h,

and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Sec	e instructions.	· · · · · · · · · · · · · · · · · · ·	
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	51068000	36342000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	110495000	131428000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	41979000	28142000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	244921000	232641000
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	448463000	428553000
	Liabilities			
g	Benefit claims payable	1g	14200000	6800000
h	Operating payables	1h	743000	332000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	9926000	9695000
k	Total liabilities (add all amounts in lines 1g through1j)	1k	24869000	16827000
	Net Assets	•		
I	Net assets (subtract line 1k from line 1f)	11	423594000	411726000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a Contributions:				
(1) Received or receivable	e in cash from: (A) Employers	2a(1)(A)	12429000	
(B) Participants		2a(1)(B)	90766000	
(C) Others (including	g rollovers)	2a(1)(C)		
(2) Noncash contributions	3	2a(2)		
(3) Total contributions. Ad	dd lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		103195000
b Earnings on investment	s:			
(1) Interest:				
` ,	cash (including money market accounts and posit)	2b(1)(A)		
(B) U.S. Governmen	t securities	2b(1)(B)		
(C) Corporate debt in	nstruments	2b(1)(C)		
(D) Loans (other than	n to participants)	2b(1)(D)		
(E) Participant loans		2b(1)(E)		
(F) Other		2b(1)(F)	1987000	
(G) Total interest. Ad	dd lines 2b(1)(A) through (F)	2b(1)(G)		1987000
(2) Dividends: (A) Preferr	ed stock	2b(2)(A)		
(B) Common stock		2b(2)(B)		
(C) Registered inves	stment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends.	Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents		2b(3)		
(4) Net gain (loss) on sale	e of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carryi	ng amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation	(depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other		2b(5)(B)		
	appreciation of assets. A) and (B)	2b(5)(C)		0

			(a	a) Am	ount		(k) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						26008000
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						
	(10) Net investment gain (loss) from registered investment	2b(10)						
	companies (e.g., mutual funds)	. ` ´						
	Other income							38092000
a	Total income. Add all income amounts in column (b) and enter total	2d						169282000
	Expenses							
е	Benefit payment and payments to provide benefits:					1		
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			15173	8000		
	(2) To insurance carriers for the provision of benefits	2e(2)			2013	0000		
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						171868000
f	Corrective distributions (see instructions)	. 2f						
g								
h	Interest expense	2h						
i	Administrative expenses: (1) Professional fees	2i(1)			928	2000		
	(2) Contract administrator fees	0:(0)						
	(3) Investment advisory and management fees	0:(0)						
	(4) Other	0:/4)						
	• •	0:(5)						9282000
i	(5) Total administrative expenses. Add lines 2i(1) through (4)	2j						181150000
,	Net Income and Reconciliation	·· <u>-</u> -)						181130000
l,		2k						11000000
ı	Net income (loss). Subtract line 2j from line 2d Transfers of assets:							-11868000
•		2l(1)						_
	(1) To this plan	21(2)						
	(2) From this plan							
Pa	art III Accountant's Opinion							
3	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	s attached to	o this	Form 5	500. Con	mplete line 3d	if an opinion is not
а	The attached opinion of an independent qualified public accountant for this pla	an is (see ins	tructions):					
	(1) Unmodified (2) Qualified (3) Disclaimer (4)	Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 1	03-12(d)?				Yes	X No
С	Enter the name and EIN of the accountant (or accounting firm) below:					•	-	
	(1) Name: PRICEWATERHOUSECOOPERS LLP		(2) EIN:	: 13-4	008324	ļ		
d	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		next Form 55	500 pı	ursuant	to 29 CF	R 2520.104-5	0.
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complet		e lines 4a, 4e	e, 4f, 4	4g, 4h, 4	4k, 4m, 4	4n, or 5.	
	During the plan year:				Yes	No	Aı	mount
а	Was there a failure to transmit to the plan any participant contributions with							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in defa							
	close of the plan year or classified during the year as uncollectible? Disregate secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Yes		4b		х		

Schedule H (Form 5500) 2019	Page 4 -	1

			Yes	No	Amou	ınt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is	4.1		X		
	checked.)	4d				
е	Was this plan covered by a fidelity bond?	4e	X			12000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year	s X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to w	hich assets or liabili	ties were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yes.			Y		ot determined instructions.)

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Nokia Retiree Welfare Benefits Plan Years Ended December 31, 2019 and 2018 With Report of Independent Auditors

Financial Statements and Supplemental Schedules

December 31, 2019 and 2018

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Report of Independent Auditors

To the Administrator of Nokia Retiree Welfare Benefits Plan

We have audited the accompanying financial statements of Nokia Retiree Welfare Benefits Plan (the "Plan"), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2019 and 2018, and the changes in its financial status for the year ended December 31, 2019 in accordance with accounting principles generally accepted in the United States of America.



Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2019 and the schedule of reportable transactions for the year ended December 31, 2019 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

September 10, 2020

Kricwaterhouse Coopers UP

Statements of Benefit Obligations and Net Assets Available for Benefits (In Thousands)

		December	31
		2019	2018
Benefit obligations			_
Accumulated postretirement benefit obligation:			
Current retirees	\$	2,613,500 \$	2,735,500
Medical claims payable and liability for claims incurred			
but not reported		6,800	14,200
Other participants fully eligible for benefits		4,100	5,200
Other participants not yet fully eligible for benefits		43,700	38,400
Total benefit obligations		2,668,100	2,793,300
Assets			
Group life insurance policies		232,641	244,921
Net assets held in Lucent Technologies Inc. Master Pension Trust			
Restricted for 401(h) account		169,230	112,847
Restricted for applicable life insurance account		2	1
Common/collective trusts		131,428	110,495
Registered investment company		28,142	41,979
Rebates receivable		36,300	35,561
Refund receivable		-	15,411
Interest receivable		42	96
Total assets		597,785	561,311
Liabilities			
Due to Sponsor, net		9,695	9,926
Accrued administrative expenses		332	743
Total liabilities		10,027	10,669
Net assets available for benefits		587,758	550,642
Excess of benefit obligations over net assets			·
available for benefits	<u>\$</u>	2,080,342 \$	2,242,658

See accompanying notes.

Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

(In Thousands)

Year Ended December 31, 2019

Net decrease in benefit obligations	
Increase (decrease) during the period attributable to:	
Benefits reclassified to amounts currently payable	\$ (229,200)
Plan amendments	(182,700)
Change in actuarial assumptions and experience	(72,500)
Interest due to the passage of time	104,200
Change in discount rate	255,000
Net decrease in benefit obligations	(125,200)
Net change in net assets available for benefits	
Additions to Plan assets available for benefits attributable to:	
Sponsor contributions	12,429
Participant contributions	90,766
Net increase in 401(h) account	56,383
Income from insurance policies	38,092
Net appreciation in fair value of investments	26,008
Interest income	1,987
Net increase in applicable life insurance account	 1
Total additions	225,666
Deductions from Plan assets available for benefits attributable to:	
Payments for benefits, net	179,268
Administrative expenses	 9,282
Total deductions	 188,550
Net increase in net assets available for benefits	 37,116
Decrease in excess of benefit obligations over net assets available for benefits	(162,316)
Excess of benefit obligations over net assets available for benefits:	
Beginning of year	 2,242,658
End of year	\$ 2,080,342

Notes to Financial Statements (In Thousands)

December 31, 2019

1. Plan description

The following description of the Nokia Retiree Welfare Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document, and the plan documents and the summary plan descriptions of each of the component plans, for a more complete description of the Plan's provisions.

General

The Plan is an umbrella plan comprised of the following component plans: the Nokia Medical Expense Plan for Retired Employees (the Retiree Dental Plan) and the Nokia Group Life Insurance Plan for Retired Employees (the Retiree Group Life Plan). The Retiree Medical Plan and the Retiree Dental Plan are contributory employee welfare benefit plans that provide standard health benefits to eligible retired employees and eligible dependents of Nokia of America Corporation (the Sponsor, the Company and the Plan Administrator), and its domestic subsidiaries. Although the Retiree Group Life Plan permits participant contributions, the plan has been non-contributory to date. It provides basic life insurance benefits to eligible retired employees of the Sponsor and its domestic subsidiaries who are eligible for disability or service pensions. The Plan and its component plans are employee benefit plans subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA).

In August 2019, the Sponsor and the Communications Workers of America and International Brotherhood of Electrical Workers (collectively, the Unions) entered into an agreement (i) to continue health benefits for formerly represented retirees through December 31, 2024, and (ii) to reduce the Sponsor's funding commitment with respect to such health benefits for the 2020, 2021, 2022, 2023 and 2024 plan years by \$40,000 each year.

Benefits

The Plan provides health benefits (hospital, surgical, medical, prescription drug and mental health/chemical dependency), including a Health Maintenance Organization (HMO) option and a Medicare Advantage Preferred Provider Organization (MAPPO) option, and dental benefits, including a Dental Maintenance Organization (DMO) option and a Preferred Provider Organization (PPO) option, to eligible retired participants, their lawful spouses, and eligible dependents. The Plan provides for continuation of certain benefits upon the occurrence of a

Notes to Financial Statements (continued) (In Thousands)

1. Plan description (continued)

qualifying event through the Consolidated Omnibus Budget Reconciliation Act of 1985.

In addition to health benefits, the Plan provides death benefits to eligible retired employees of the Sponsor which are payable to their beneficiaries. A participant may assign his or her life insurance under the Plan in accordance with the terms and conditions of the policy. Benefit payments for these benefits are administered under insurance contracts with Metropolitan Life Insurance Company (MetLife).

During 2019, the Plan paid \$11,239 in HMO premiums, \$1,471 in DMO premiums and \$7,420 in dental PPO premiums to insurance carriers, which are included in payments for benefits.

Section 420 maintenance of cost obligation

Section 420 of the Internal Revenue Code of 1986, as amended (the Code) permits employers maintaining an overfunded defined benefit pension plan to transfer excess pension assets (as defined in Section 420) from the pension plan to a health benefits account, a retiree life insurance account, or both, established within the pension plan and to use the assets in such accounts to pay for applicable health benefits or applicable life insurance benefits (each as defined in Section 420) for retired employees (and, with respect to health benefits, their spouses and dependents). Under current law, no such transfers may be made after December 31, 2025.

A transfer of excess pension assets under Section 420 imposes certain "maintenance of cost" obligations on the group health plan or arrangement and group term life insurance plan under which the applicable health benefit and applicable life insurance benefits, as the case may be, are provided.

Contributions

The Sponsor has also created certain voluntary employees' beneficiary association trusts (the Trusts). According to the Trusts' agreements, the Sponsor may contribute such assets to the Trusts as it reasonably determines necessary and appropriate to pay expenses under the various medical, dental, and group life benefit plans consistent with any limitations under Section 419 of the Code and shall specifically indicate the allocation of such assets among the plans.

Notes to Financial Statements (continued) (In Thousands)

1. Plan description (continued)

Participant contributions are made primarily through pension deductions and direct billing by the Sponsor, which in turn remits contributions to the Plan on the participants' behalf. Participant contributions reflect the cost of the selected coverage level and optional dependent coverage less the amount of cost paid by the Sponsor. Participant contributions also include elections to continue coverage for dependents of deceased retired participants.

For eligible formerly represented occupational retirees who retired before March 1, 1990, the Sponsor pays the entire cost of the medical and dental coverage, except for non-grandfathered Class II dependents for whom the retiree pays the entire cost. In addition, the Sponsor reimburses the entire amount of Medicare Part B premiums for these Medicare-eligible retired employees and/or their spouses.

For eligible formerly represented occupational retirees who retire on or after March 1, 1990, sponsor contributions are limited to the following annual amounts for medical and dental coverage:

	Formerly Represented Occupational (In Whole Dollars)
Retired under age 65 – single coverage Retired under age 65 – family coverage Retired age 65 and over – single coverage Retired age 65 and over – family coverage	\$ 4,225 8,600 2,000 4,625

In addition, the amount the Sponsor reimburses for Medicare Part B premiums for these Medicareeligible retired employees will not exceed \$46.00 per month (\$33.00 for spouses) (in whole dollars). However, no reimbursement is made for spouses of employees who retired after May 31, 1998.

For eligible management and non-represented occupational retirees who retired before March 1, 1990, the Sponsor pays the entire cost of the medical coverage, except for non-grandfathered Class II dependents for whom the retiree pays the entire cost. Management and non-represented occupational retirees pay the full dental cost.

Notes to Financial Statements (continued) (In Thousands)

1. Plan description (continued)

Effective January 1, 2017, medical and dental coverage was eliminated for post-March 1, 1990 non-Medicare eligible management retirees and their dependents and for post-March 1, 1990 non-Medicare eligible non-represented occupational retirees and their dependents.

Pursuant to a December 2004 collective bargaining agreement between the Sponsor and the Unions, the Lucent Supplemental Healthcare Benefits Trust for Formerly Represented Retirees (SHBT) was established for the exclusive purpose of paying a portion of the retiree healthcare benefits that eligible participants and their beneficiaries who are covered by the agreement would otherwise be required to absorb through premiums and other payments. The SHBT provides reimbursement to the Sponsor for a portion of the participants' medical and/or dental expenses. This reimbursement is recorded as Other contributions on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits.

Prescription drug benefits are provided for Medicare-eligible management and non-represented occupational retirees through a Medicare Prescription Drug Plan (PDP). In a PDP, the prescription drug vendor contracts directly with The Centers for Medicare and Medicaid Services (CMS) to provide Medicare Part D coverage. Plan sponsors who offer PDPs do not receive Medicare Part D Retiree Drug Subsidies for these plans. The Plan's PDP is a self-insured program administered by Express Scripts.

Administrative expenses

Costs of administering the Plan are borne by the Plan or by the Sponsor.

Other

At December 31, 2019 and 2018, the Plan's benefit obligations exceeded its net assets available for benefits. However, management expects that the Plan's net assets available for benefits and future Sponsor contributions will be sufficient to fund obligations as they become due.

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan, subject to collective bargaining agreements, to modify the benefits provided to participants, to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions set forth in ERISA. In the event of such termination, the net assets of the Plan shall be allocated to pay the benefit obligations of the Plan in accordance with ERISA.

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies

Basis of presentation

The financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Valuation of investments and income and expense recognition

The Plan invests in common/collective trusts and a registered investment company. Investments in common/collective trusts are valued at fair value based on the common/collective trusts' net asset values, as a practical expedient, on the last business day of the plan year as determined by the trusts' managers. There are currently no redemption restrictions on the common/collective trusts. Investments in the registered investment company are valued at fair value based on the fund's net asset value on the last business day of the plan year as determined by the fund's manager. See Note 3 for additional information.

Purchases and sales of investments are recorded on a trade-date basis. Interest income and administrative expenses are recorded on an accrual basis. Dividend income is recorded on investments held as of the ex-dividend dates. The net appreciation/(depreciation) in fair value of investments consists of the realized gains and losses on the sales of securities and the unrealized appreciation/ (depreciation) of investments.

Valuation of group life insurance policies

The Plan has prepaid premiums for life insurance policies with an insurance company. The prepaid premiums are invested by the insurance company at the Plan's direction in equity, fixed income and international separate accounts and general accounts, all of which are valued by the insurance company at net asset values, as a practical expedient. The underlying investments in the separate accounts are valued at fair value generally using readily available market values. If there is no readily available market value for any asset in the separate accounts, the insurance company determines, at its discretion and in accordance with any applicable laws and regulations, the value to be used as such asset's market value. The Plan is allocated a portion of the earnings from these investments. The general account's interest crediting rate is currently based upon the six-month U.S. Treasury Bill plus 0.25%. The policies are valued by the insurance company based on the fair value of the underlying assets in the separate accounts and the general account balance.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies (continued)

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Recently adopted accounting standards

ASU No. 2017-06, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting. ASU No. 2017-06 relates primarily to reporting by an employee benefit plan for its interest in a master trust. In addition, a health and welfare plan is not required to provide investment disclosures for assets held in a 401(h) account. However, the health and welfare plan must disclose the name of the defined benefit plan that holds the 401(h) account and that provided the related investment disclosures. ASU No. 2017-06 is effective for fiscal years beginning after December 15, 2018, with early application permitted. A reporting entity should apply the amendments retrospectively to all periods presented. Accordingly, information reported as of December 31, 2018 has been modified to reflect these changes.

Accumulated postretirement benefit obligation (APBO)

The APBO represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31 of the applicable year. Accumulated postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and eligible dependents and beneficiaries, (2) active management employees with more than 15 years of service as of June 30, 2001, eligible dependents and beneficiaries and (3) all represented employees and eligible dependents and beneficiaries after retirement from the Sponsor. Prior to an active employee's full eligibility date, the APBO is the portion of the expected postretirement benefit obligation that is attributed to that employee's service performed prior to the valuation date.

The APBO is determined by the Plan's actuary, Aon, and is the amount which results from applying actuarial assumptions to historic claims cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

For purposes of determining the actuarial present value of accumulated plan benefits for medical as of December 31, 2019, a 6.2% post-65 medical, 6.1% pre-65 medical and 6.95% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies (continued)

for 2020. These rates were assumed to decline gradually after 2019 to 4.5% by the year 2028 and then remain constant.

For purposes of determining the actuarial present value of accumulated plan benefits for medical as of December 31, 2018, a 6.6% post-65 medical, 6.8% pre-65 medical and 10.8% pre- and post-65 prescription drug annual rate of increase in the per capita cost of covered benefits were assumed for 2019. These rates were assumed to decline gradually after 2019 to 5.0% by the year 2028 and then remain constant.

These assumptions could greatly affect the amounts reported. To illustrate, increasing the assumed trend rate by 1% in each year could increase the APBO for medical benefits by \$24,000 and \$34,600 at December 31, 2019 and 2018, respectively.

For purposes of determining the actuarial present value of accumulated plan benefits for dental as of December 31, 2019, a rate of 3.0% was assumed for 2020 and beyond. For purposes of determining the actuarial present value of accumulated plan benefits for dental as of December 31, 2018, a rate of 3.5% was assumed for 2019 and beyond. These assumptions could greatly affect the amounts reported. To illustrate, increasing the assumed trend rate by 1% in each year could increase the APBO for dental benefits by \$1,100 and \$1,400 at December 31, 2019 and 2018, respectively.

For group life costs, the APBO is the amount that results from applying actuarial assumptions to participant census data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies (continued)

The following summarizes other significant actuarial assumptions used in the valuations as of December 31, 2019 and 2018, respectively:

Weighted-average discount rate: 2.80% (2019), 3.90% (2018)

Mortality: 2019: Society of Actuaries Pri-2012 amounts –

weighted, white collar for management retirees and blue collar for occupational retirees with MP-2019

generational projection scale

2018: Society of Actuaries RP-2014 amounts — weighted, white collar for management retirees and blue collar for occupational retirees with MP-2018

generational projection scale

Weighted average rate of

compensation increase: 2.14% (2019), 2.19% (2018)

The foregoing assumptions are based on the presumption that the benefits will continue. Were the benefits to terminate, different actuarial assumptions and other factors might be applicable in determining the APBO.

In March 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the Act) were enacted. The primary focus of the Act was to significantly reform health care in the U.S. The Plan has included the estimated effect of the Act in the valuation of its postretirement benefit obligation as of December 31, 2019 and 2018. The Plan continues to evaluate the various provisions of the Act.

The Bipartisan Budget Act of 2018 was signed by the President on February 9, 2018. The impact of this legislation was reflected in the present value of accumulated plan benefits as of December 31, 2019 and 2018.

Medicare subsidy

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 provides for a government subsidy to plan sponsors that maintain a prescription drug plan for Medicare-eligible participants that is at least actuarially equivalent to the benefit provided by Medicare Part D. The Plan does provide an actuarially equivalent benefit. Therefore, the Sponsor expects to receive a subsidy. The Plan's benefit obligation does not reflect the subsidy because the subsidy is provided to the Sponsor and not the Plan.

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies (continued)

Claims incurred but not reported

Plan obligations at December 31, 2019 and 2018 for incurred but not reported claims are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party administrator and are reported on the Statements of Benefit Obligations and Net Assets Available for Benefits. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make significant estimates and assumptions that affect the reported amounts of assets and benefit obligations and changes therein and disclosures of contingent assets and liabilities. These significant estimates include the Plan's accumulated benefit obligations and market value of investments. Actual results could differ from those estimates.

Risks and uncertainties

Plan contributions and the actuarial present value of the Plan's benefit obligations are determined based on certain assumptions pertaining to per capita claim estimates, interest and mortality rates, inflation rates and participant demographics, all of which are subject to change. As of the date of these financial statements, the Sponsor believes these estimates and assumptions concerning matters such as interest rates and participant demographics are reasonable. However, due to the uncertainties inherent in making any estimate or assumption, it is at least reasonably possible that actual results may differ materially from what has been estimated or assumed.

Investment securities held by the Trusts are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in market conditions could differ materially from what has been reported in the financial statements.

Payments for benefits, net

Benefits are recorded when paid and are presented net of rebates and refunds. Certain premiums and claims are paid from the general assets of the Sponsor; however, all premiums and claims are recorded in the accompanying Statement of Changes in Benefit Obligations and Net Assets

Notes to Financial Statements (continued) (In Thousands)

2. Summary of significant accounting policies (continued)

Available for Benefits, regardless of whether they were paid from Plan assets or from the general assets of the Sponsor.

Rebates and refunds

Rebates and refunds are recorded when earned from the provider and netted with payments for benefits in the accompanying Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. The Plan utilizes a pharmacy benefit manager which periodically issues rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. The Plan also periodically receives premium refunds from the provider administering the MAPPO plan based on the ratio of revenues received to medical costs incurred. Rebates and refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against payments for benefits. Rebates and refunds totaling \$100,276 have been netted with payments for benefits in the accompanying Statement of Changes in Benefit Obligations and Net Assets Available for Benefits for the year ended December 31, 2019.

Due to Sponsor, net

The Sponsor traditionally makes benefit payments on behalf of the Plan, net of participant contributions, and may opt to receive subsequent reimbursement from the Plan. As a result of timing, a liability has been reported on the Statements of Benefit Obligations and Net Assets Available for Benefits as Due to Sponsor relating to such benefit payments made by the Sponsor that are not yet reimbursed by the Plan as of December 31, 2019 and 2018. Such reimbursements may be made subsequent to the Plan's year-end.

Notes to Financial Statements (continued) (In Thousands)

3. Investments

Plan investments are held in two separate Trusts: (1) the Lucent Technologies Inc. Postretirement Welfare Benefits Trust for Represented Employees (the Represented Trust), and (2) the Lucent Technologies Inc. Postretirement Welfare Benefits Trust for Nonrepresented Employees (the Nonrepresented Trust). Each of these trusts qualifies as a Voluntary Employees' Beneficiary Association (VEBA) under Section 501(c)(9) of the Code. The exclusive purpose of these trusts is to fund future postretirement health and life benefits to eligible participants of the Plan.

Fair value measurements

The Plan follows a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted market prices for identical or similar assets or liabilities in markets that are not active, and inputs that are observable for the assets or liability, either directly or indirectly, for substantially the full term of the financial statements.

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurements.

Notes to Financial Statements (continued) (In Thousands)

3. Investments (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2019 and 2018. Assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. The Plan did not hold any Level 2 or Level 3 investments in 2019 or 2018.

		As of December 31, 2019						
	I	evel 1	Level 2	Level 3		NAV^1	T	otal
				(In Thous	sand	s)		
Registered investment company	\$	28,142 \$		- \$	- \$	_	\$	28,142
Group life insurance policies		_	-	_	_	232,641		232,641
Commingled funds		_	-	_	_	131,428		131,428
Total assets	\$	28,142 \$	-	- \$	- \$	364,069	\$	392,211

Assets measured at NAV represents investments fair valued using NAV as a practical expedient. These investments are not leveled on the fair value hierarchy table.

			As	of Decemb	er 3	1, 2018		
	I	evel 1	Level 2	Level 3		NAV^1	T	otal
				(In Thous	sand	(s)		_
Registered investment company	\$	41,979 \$	3 -	- \$	_	\$ -	\$	41,979
Group life insurance policies		_	-	_	_	244,921		244,921
Commingled funds		_	-	-	_	110,495		110,495
Total assets	\$	41,979 \$	-	- \$		\$ 355,416	\$	397,395

Assets measured at NAV represents investments fair valued using NAV as a practical expedient. These investments are not leveled on the fair value hierarchy table.

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Notes to Financial Statements (continued) (In Thousands)

4. Section 420 transfers

From time to time, the Sponsor makes "Collectively Bargained Transfers" of excess pension assets of the Lucent Technologies Inc. Master Pension Trust held for the Lucent Technologies Inc. Pension Plan (the Pension Plan) to an account of the Pension Plan under the Master Pension Trust established under section 401(h) of the Code, pursuant to Section 420 of the Code to cover retiree healthcare costs, for Plan participants covered by the Agreement. In 2012, the Sponsor began making collectively bargained transfers of excess pension assets of the Pension Plan to an applicable life insurance account of the Pension Plan under the Master Pension Trust established under Section 420 of the Code, pursuant to Section 420 of the Code, to pay for retiree life insurance coverage.

In accordance with sections 401(h) and 420 of the Code, the Plan's investments in the 401(h) account may not be used for or diverted to any purpose other than providing health benefits for the participants as well as administration costs and the Plan's investments in the applicable life insurance account may not be used for or diverted to any purpose other than providing applicable life insurance benefits with respect to participants as well as administrative costs. The related obligations for health benefits and applicable life insurance benefits are not reported in the Pension Plan's Statement of Accumulated Plan Benefits but are reported as obligations in the Plan.

The following tables present the net assets held in the Pension Plan for retiree healthcare obligations funded under Code section 401(h) as of December 31, 2019 and 2018 and the related changes in net assets for the year ended December 31, 2019.

	December 31			
		2019		2018
Net assets held in the Pension Plan - restricted for 401(h)				
account	\$	169,230	\$	112,847

Changes in net assets in the 401(h) account for the year ended December 31, 2019:

Transfer from Pension Plan	\$ 150,000
Interest income	1,706
Administrative expenses	(6,888)
Benefit payments	(88,435)
Net increase in 401(h) account	\$ 56,383

Detailed disclosures on the investments in the 401(h) account, which is held by the Master Pension Trust, are presented in the Pension Plan financial statements for December 31, 2019 and 2018.

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Notes to Financial Statements (continued) (In Thousands)

4. Section 420 transfers (continued)

The following tables present the net assets held in the Pension Plan for applicable life insurance benefits under Code section 420 as of December 31, 2019 and 2018 and the related changes in net assets:

	December 31				
	 2019			2018	
Net assets held in the Pension Plan - restricted for					
applicable life insurance account	\$	2	\$		1

Changes in net assets in the applicable life insurance account for the year ended December 31, 2019:

Transfer from Pension Plan	\$ 39,997
Interest income	2
Benefit payments	 (39,998)
Net increase in applicable life insurance account	\$ 1

Detailed disclosures on the investments in the applicable life insurance account, which is held by the Master Pension Trust, are presented in the Pension Plan financial statements for December 31, 2019 and 2018.

5. Tax status

The Plan was originally funded by means of a trust established effective as of October 1, 1996 known as the Lucent Technologies Inc. Postretirement Life Insurance Benefits Trust (Life Insurance Benefits Trust). The Life Insurance Benefits Trust obtained a recognition of exemption letter from the Internal Revenue Service (IRS) dated November 25, 1998. The Life Insurance Benefits Trust was amended and restated in 2002, and its tax-exempt status was confirmed by a private letter ruling issued by the IRS on October 10, 2002. Pursuant to the private letter ruling, a further trust was established – the Nonrepresented Trust, and certain life insurance assets associated with the Life Insurance Trust were transferred to the Nonrepresented Trust. The Life Insurance Trust was also renamed the Represented Trust. The Represented Trust and the Nonrepresented Trust were each further amended in 2004. The IRS confirmed the tax-exempt status of both the Represented Trust and the Nonrepresented Trust by a private letter ruling issued September 8, 2004. The Nonrepresented Trust also obtained a recognition of exemption letter from the IRS dated May 24, 2011.

Notes to Financial Statements (continued) (In Thousands)

5. Tax status (continued)

The Plan, the Represented Trust and the Nonrepresented Trust are required to operate in conformity with the Code to maintain their tax-exempt status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trusts are tax exempt. Accordingly, no provision for income taxes has been made.

Accounting principles generally accepted in the United States require the Plan Administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

6. Party-in-interest and related-party transactions

As described in Note 1, the Plan pays certain investment and administrative expenses of the Plan to various service providers, which are parties-in-interest under the provisions of ERISA. The payment of these expenses meets the requirements of one or more prohibited transaction exemptions under ERISA.

Nokia Investment Management Corporation (NIMCO), a wholly owned subsidiary of the Company, provides fiduciary services to the Plan. NIMCO charges the Plan only for the costs that are incurred for providing such services to the Plan. For the year ended December 31, 2019, the Plan incurred fiduciary service fees of \$45, which are included in administrative expenses on the Statement of Changes in Benefit Obligations and Net Assets Available for Benefits. At December 31, 2019 and 2018, the Plan had a payable due to NIMCO of \$12 and \$15, respectively, which is included in accrued administrative expenses on the Statements of Benefit Obligations and Net Assets Available for Benefits.

Certain Plan investments are managed by affiliates of the trustee, Bank of New York Mellon. At December 31, 2019 and 2018, the Plan held \$28.1 million and \$41.9 million, respectively, of the Dreyfus Treasury and Agency Cash Management Fund, which is a fund that is related to the trustee.

Notes to Financial Statements (continued) (In Thousands)

7. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2019 and 2018:

		2019	2018
Net assets available for benefits per the financial	•	507 750 ¢	550 642
statements	\$	587,758 \$	550,642
Less:			
Medical claims payable and claims incurred			
but not reported		(6,800)	(14,200)
Net assets held in Pension Plan – 401(h) account		(169,230)	(112,847)
Net assets held in Pension Plan – applicable life			
insurance account		(2)	(1)
Net assets available for benefits per Form 5500	\$	411,726 \$	423,594

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2019:

Total additions per the financial statements \$	225,666
Less:	
Net increase in 401(h) account	(56,383)
Net increase in applicable life insurance account	(1)
Total income per Form 5500 \$	169,282

The following is a reconciliation of payments for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019:

Total payments for benefits per the financial statements	\$ 179,268
Add: Medical claims payable and liability for claims incurred but not	
reported at December 31, 2019	6,800
Less: Medical claims payable and liability for claims incurred but not	
reported at December 31, 2018	 (14,200)
Total payments for benefits per Form 5500	\$ 171,868

Notes to Financial Statements (continued) (In Thousands)

7. Reconciliation of financial statements to Form 5500 (continued)

Claims that have been processed and approved for payment at year-end but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

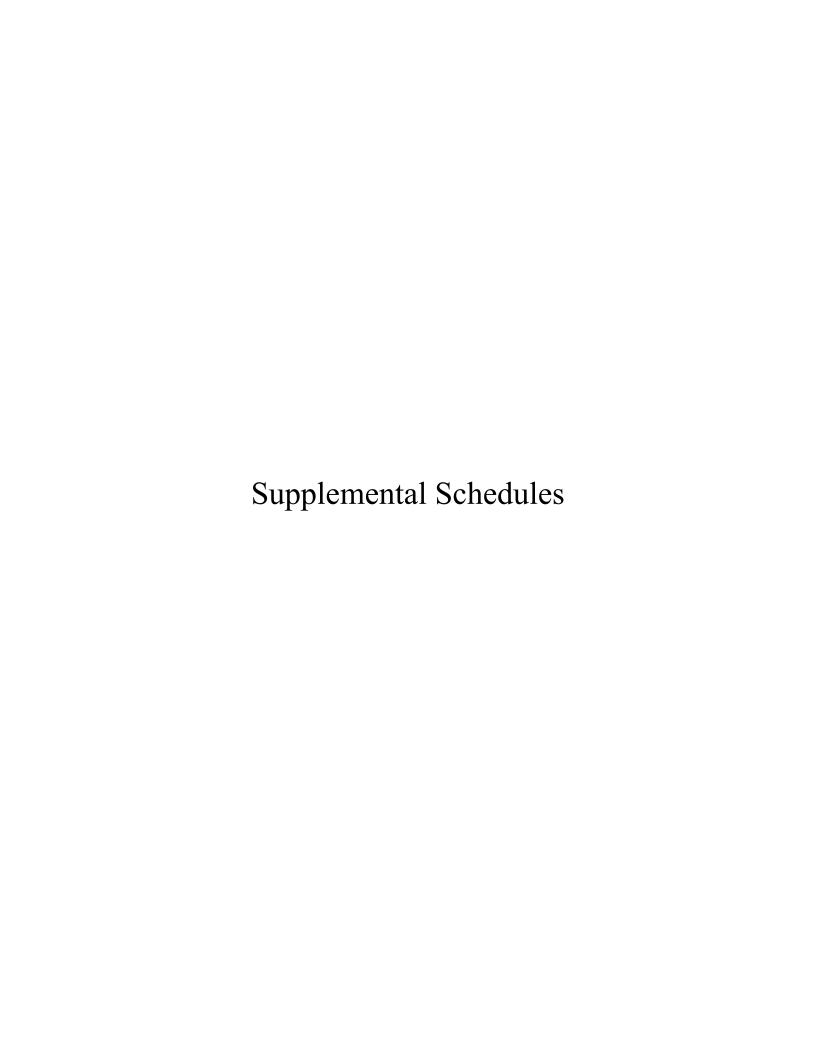
The net assets and related activity of the 401(h) account and applicable life insurance account included in the financial statements are not included in the Form 5500 because the assets are held by the Master Pension Trust.

8. Subsequent events

Management has evaluated subsequent events through September 10, 2020, the date the financial statements were available to be issued. There were no material subsequent events that occurred between January 1, 2020 through September 10, 2020, that required disclosure in the financial statements, except as follows:

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. Global financial markets have experienced and may continue to experience significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's benefit obligations and net assets available for benefits will depend on future developments, including the duration and continued spread of the outbreak.

In the spring of 2020, the Company conducted a Request for Proposal (RFP) with respect to prescription drug benefits under the Plan. As a result of the RFP, the Company decided, in July 2020, to terminate the services of the Plan's existing prescription drug provider, effective December 31, 2020, and to engage two new service providers--one with respect to participants covered by the management retiree plan design and one with respect to participants covered by the formerly represented retiree plan design--effective commencing on January 1, 2021 and continuing through December 31, 2023. The change in prescription pricing terms under the new arrangement is expected to reduce the prescription drug costs for 2021 and all future years, resulting in a reduction in the actuarial present value of accumulated plan benefits as of December 31, 2019 of approximately \$31 million.



EIN #22-3408857 Plan #504

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2019

(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
BlackRock	Equity Index Fund B Lendable	\$ 26,726,315	
BlackRock	U.S. Debt Index Fund B	26,131,594	32,012,082
BlackRock	EAFE Equity Index Fund B	15,735,017	24,865,674
Dreyfus	Treasury & Agency Cash Management Fund*	28,141,908	28,141,908
MetLife	Insurance Policy 95083-G	76,240,230	76,716,998
MetLife	Insurance Policy 190374-G	 138,790,982	155,924,521
		\$ 311,766,046	\$ 392,211,599

^{*} Represents party-in-interest

EIN #22-3408857 Plan #504

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Series of transactions in excess of 5%

		(a) Identity of		(c)	(d)	(g)	(i)
		Party	(b)	Purchase	Selling	Cost of	Net Gain
Count	Shares	Involved	Description of Asset	Price*	Price*	Asset	or (Loss)
163	99,497,275	Dreyfus	Treasury & Agency Cash Management Fund	\$ 99,497,275 \$	- :	\$ -	\$ -
72	113,334,404	Dreyfus	Treasury & Agency Cash Management Fund	_	113,334,404	113,334,404	_

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2019.

^{*} At market

Plan Name	Nokia Retiree Welfare Benefits Plan
Plan Sponsor EIN	22-3408857
ERISA Plan No.	504
Plan Year End	12/31/2019

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

Plan Name	Nokia Retiree Welfare Benefits Plan	
Plan Sponsor EIN	22-3408857	
ERISA Plan No.	504	
Plan Year End	12/31/2019	

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)