

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HOGAN LOVELLS US LLP CASH BALANCE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>009</u></p>
<p>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 instructions) <u>HOGAN LOVELLS US LLP</u></p> <p><u>555 THIRTEENTH STREET, N.W.</u> <u>WASHINGTON, DC 20004-1109</u></p>	<p>1c Effective date of plan <u>01/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>53-0084704</u></p> <p>2c Plan Sponsor's telephone number <u>202-637-5600</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JULIA PHILLIPS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HOGAN LOVELLS US LLP PENSION COMMITTEE 555 THIRTEENTH STREET, N.W. WASHINGTON, DC 20004-1109	3b Administrator's EIN 52-1100627 3c Administrator's telephone number 202-637-5600
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	450
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	384
a(2) Total number of active participants at the end of the plan year	6a(2)	376
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	62
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	438
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	438
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1C 3B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HOGAN LOVELLS US LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOGAN LOVELLS US LLP</u>	D Employer Identification Number (EIN) <u>53-0084704</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>102481461</u>
	b Actuarial value	2b	<u>102481461</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>66</u>	<u>6937355</u>
	c For active participants	<u>384</u>	<u>89866334</u>
	d Total	<u>450</u>	<u>96803689</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.83 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>20723619</u>
	b Expected plan-related expenses	6b	<u>70000</u>
	c Target normal cost	6c	<u>20793619</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>JANELLE G. T. ONG, FSA</u> Type or print name of actuary <u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name <u>595 MARKET STREET</u> <u>SUITE 2100</u> <u>SAN FRANCISCO, CA 94105</u> Address of the firm	<u>10/13/2025</u> Date <u>23-07381</u> Most recent enrollment number <u>415-395-9300</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		16183611
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.90</u> %		792997
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		16976608
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.66 %
15	Adjusted funding target attainment percentage	15	103.66 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/01/2024	4500000	0	03/31/2025	11667	0
03/29/2024	812987	0			
05/31/2024	732522	0			
08/30/2024	5778542	0			
11/27/2024	4271538	0			
01/31/2025	8802024	0			
Totals ▶			18(b)	24909280	18(c) style="text-align: right;">0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	24073514

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 55
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 20793619
b Excess assets, if applicable, but not greater than line 31a			31b 3622285
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 17171334
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 17171334
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 24073514
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 6902180
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HOGAN LOVELLS US LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 HOGAN LOVELLS US LLP	D Employer Identification Number (EIN) 53-0084704	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

GALLAGHER BENEFIT SERVICES, INC.

36-4291971

(b) Service Code(s)	(c) 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?	(g) 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?
11	NONE	121371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS ASSET MANAGEMENT,L.P.

13-3575636

(b) Service Code(s)	(c) 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?	(g) 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?
21 28 52 56	NONE	113050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) 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?	(g) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(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	(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	(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	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(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 service provider (see instructions)	(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 service provider (see instructions)	(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 service provider (see instructions)	(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 service provider (see instructions)	(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 service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HOGAN LOVELLS US LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 HOGAN LOVELLS US LLP	D Employer Identification Number (EIN) 53-0084704

Part I	Asset and Liability Statement
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1 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. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3264132	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7815453	8813691
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2882	1947
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21436	16583
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	91409161	97265872

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	102513064	106098093
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	49560	29926
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	49560	29926
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	102463504	106068167

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 in cash from: (A) Employers.....	2a(1)(A)	24909280	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		24909280
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	28056	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28056
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment 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 of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	65502463	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	65770672	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-268209
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4145788	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(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 companies (e.g., mutual funds)	2b(10)	
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	28814915

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	24806210
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	188469
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	24994679
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	114045
(6) Bank or trust company trustee/custodial fees	2i(6)	786
(7) Actuarial fees	2i(7)	100742
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	215573
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	25210252

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	3604663
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c 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.)		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 checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562055.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HOGAN LOVELLS US LLP CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOGAN LOVELLS US LLP</u>	D Employer Identification Number (EIN) <u>53-0084704</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	122
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	HOGAN LOVELLS US LLP CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	53-0084704	PN	009

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	9			26		
40 to 44	11			24		
45 to 49	6			16		
50 to 54	8			9		
55 to 59	9			12		
60 to 64	4			2		
65 to 69	3			2		
70 & Up	2					

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	3					
40 to 44	21			1		
45 to 49	18			15		
50 to 54	19			11		
55 to 59	16			4		
60 to 64	3			9		
65 to 69	1			2		
70 & Up	2					

Name of Plan	HOGAN LOVELLS US LLP CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	53-0084704	PN	009

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	3					
50 to 54	15			4		
55 to 59	13			24		
60 to 64	6			31		
65 to 69	4			13		
70 & Up	1			2		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	HOGAN LOVELLS US LLP CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	53-0084704	PN	009

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						



Independent Auditor's Report

The Pension Committee
Hogan Lovells US LLP Cash Balance Plan
Washington, DC

Opinion

We have audited the financial statements of the Hogan Lovells Cash Balance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024), are presented for purposes 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 ERISA. Such information is the responsibility of 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

October 15, 2025

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Overview

This 2024 Form 5500 Schedule SB for the Hogan Lovells US LLP Cash Balance Plan (“Plan”) has been prepared for the Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation. The purpose of this 2024 Schedule SB is to provide reporting of the Plan’s minimum funding and other Plan information as requested to the Department of Labor’s Employee Benefits Security Administration (the “EBSA”), as stated in the instructions to the 2024 Form 5500. This 2024 Schedule SB consists of the three-page Schedule SB form provided by the EBSA and the associated attachments filed concurrently with this form.

This 2024 Schedule SB is signed and dated by Janelle G. T. Ong. Ms. Ong is the responsible actuary for this 2024 Schedule SB for the Plan, and as an Enrolled Actuary, a Fellow of the Society of Actuaries, a Fellow in the Conference of Consulting Actuaries, and a Member of the American Academy of Actuaries, is qualified to issue this 2024 Schedule SB. Ms. Ong is not aware of any conflict of interest which could potentially impact the objectiveness of this work.

This 2024 Schedule SB may not be relied upon by any other party or for any other purposes than as stated above. The funded status disclosed in this 2024 Schedule SB is produced on the basis discussed in this reporting. In particular, Plan assets and liabilities have been measured as of the January 1, 2024 valuation date according to the data, assumptions and methodologies as discussed in this reporting. Other than as disclosed in this reporting, the responsible actuary is not aware of any subsequent events that would have a material impact on the results published here.

Liabilities shown in this report were determined using actuarial valuation software designed for the specific purpose of modeling pension plan liabilities and costs. In our opinion, except as stated elsewhere in this report, the software is appropriate and produces reasonable results for this purpose.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to a variety of factors. An analysis of the potential range of such future measurements is outside the scope of this report.

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (Continued)

Liability Methods

Liabilities shown in this certification have been computed using the Unit Credit method. Use of this method for benefit restrictions and funding certifications is mandated by statute.

Liability Allocation

The objective of any liability method is to accrue for each participant's Plan benefit based on the allocation of liability between past, present and future.

Liability for past periods should be fully accrued, or if not, any unaccrued past service liability requires remedial accruals. Liability for the present period (e.g., the current plan year) should be accrued as expense for the current period. Liability assigned to future periods should be deferred to future years, and results in no current period accrual.

Thus, the current period expense will consist of benefit accruals for the current period, plus any remedial past service accrual.

Unit Credit

Under the Unit Credit method, liabilities are assigned to past, present and future periods based on the accrual of Plan benefits for those periods, as follows:

- **Past service:** the present value of the benefits accrued under the Plan as of the beginning of the plan year. For funding purposes, this is called the **Target Liability**.
- **Current service:** the present value of benefits accrued under the Plan during the plan year. For funding purposes, this is called the **Target Normal Cost**.
- **Future service:** the present value of benefits to accrue after the end of the plan year.

The current year's required contribution is generally determined as the Target Normal Cost, plus remedial funding of any unfunded Target Liability, minus any overfunding of the Target Liability.

Liabilities shown in this report were determined using actuarial valuation software designed for the specific purpose of modeling pension plan liabilities and costs. In our opinion, except as stated elsewhere in this report, the software is appropriate and produces reasonable results for this purpose. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, and demographic and financial information provided by Hogan Lovells US LLP, the Firm's investment consultant, CAPTRUST, and the Plan's asset custodian, Principal. While the results have been tested and reviewed for overall accuracy and consistency, we have relied upon the validity of the underlying software coding in preparing this report.

Asset Valuation Method

The actuarial value of assets is equal to the market value of assets as of the valuation date including receivable contributions for the prior plan year that are made after the valuation date.

These receivable contributions are discounted back to the valuation date using the Effective Interest Rate for the prior plan year before adding to the actuarial value of assets. Contributions made for the current plan year, whether deposited before or after the valuation date, are excluded from the actuarial value of assets.

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (Continued)

Valuation Data

The valuation date for the 2024 actuarial valuation is January 1, 2024. Except as discussed below, the January 1, 2024 valuation date is also the information date for this report.

The Plan sponsor provided data on all relevant employees and participants as of the January 1, 2024 valuation date. Employee and participant data was reviewed for reasonableness and consistency, but was otherwise relied upon for accuracy and completeness. If any of the reported data were inaccurate, or if the reported data were not complete, these results would require modification and could not be relied upon.

Only those individuals who completed the Plan's eligibility requirements and became participants on or before the January 1, 2024 valuation date are included in this valuation. Participants who terminated without any vested Plan benefit prior to the January 1, 2024 valuation date are excluded from this valuation.

Any changes in participant data effective after the January 1, 2024 valuation date were not considered in this report, except as stated in this report.

All financial data was provided by the Firm's investment consultant, CAPTRUST, and the Plan's asset custodian, Principal. With the exception of the dates and amounts of contributions for the 2024 plan year, changes in financial data after the January 1, 2024 valuation date were not considered in this report. The financial data received was reviewed for consistency with the Plan's published funding recommendations, but was otherwise not reviewed or analyzed.

The limitations of Code section 415(b) have been incorporated into our calculations.

**Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
(Continued)**

Actuarial Assumptions

The following assumptions were used in valuing liabilities and benefits under the Plan.

PPA Segment Rates

Yield Curve Election:	The Plan sponsor did not elect to use the full yield curve.		
Applicable Month:	The Plan sponsor elected to base Segments Rates on the September immediately preceding the valuation year.		
MAP-21 Segment Rates (Adjusted by ARP):	First Segment:	4.75% compounded annually.	
	Second Segment:	4.87% compounded annually.	
	Third Segment:	5.59% compounded annually.	
PPA Segment Rates (Unadjusted; used for Maximum Liability, PBGC 4010 and PBGC Premium determination):	First Segment:	3.62% compounded annually.	
	Second Segment:	4.46% compounded annually.	
	Third Segment:	4.52% compounded annually.	

Economic

Cash Balance Interest Crediting Rate:	3.50% compounded annually for the life of the Plan. This assumption is a reasonable estimate of anticipated future experience under the Plan and reflects the target investment allocation of all or nearly all assets to short-term fixed-income investments, as well as our long-term expectations for investment returns in this asset class.
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Other

Mortality:	<p>The Plan sponsor has not elected to use the generational mortality table option in IRS proposed regulations 1.430(h)(3)-1. Mortality is under the static approach.</p> <p>IRS 2024 Generational Mortality the Pri-2012 Mortality Table for annuitant and non-annuitants projected for mortality improvement by Scale MP-2021 on a generational basis adjusted to (1) reflect the approximate impact of COVID on mortality improvement and (2) reflect provisions of SECURE 2.0 which capped mortality improvement rates at 0.78% per year for years following 2024. This mortality table is stipulated under IRS regulations 1.430(h)(3)-1. The "small plan" option under IRS regulation 1.430(h)(3)-1(b)(2) is not reflected in this valuation.</p>
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Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Hogan Lovells US LLP Cash Balance Plan
 Plan Sponsor's Name: Hogan Lovells US LLP
 EIN / PN: 53-0084704 / 009

**Schedule SB, Part V – Statement of Actuarial Assumptions / Methods
 (Continued)**

Actuarial Assumptions (continued)

Withdrawal: Active participants are assumed to terminate according to the following schedule:

<u>Participant Age</u>	<u>Termination Rate</u>
Up to 54	7%
55 to 64	10%
65 to 69	18%
70 and older	25%

These rates were developed based on Plan experience for the period 2011 to 2020. As such, these rates represent a reasonable estimate of anticipated future experience under the Plan.

Payment Commencement: Active participants' plan benefits are assumed to commence in-service distribution according to the following schedule:

<u>Participant Age</u>	<u>Distribution Rate</u>
55 to 57	65%
58 to 61	70%
62 to 65	75%
66 and older	60%

Participants terminated as of the valuation date are assumed to take distribution according to the following table:

<u>Year(s) from Termination</u>	<u>Commencement Rate</u>
Current Year	50%
1 year	40%
2 years	20%
3 to 5 years	15%
6 to 9 years	10%
10 to 14 years	5%
15 years and greater	100%

These rates were developed based on Plan experience for the period 2011 to 2020. As such, these rates represent a reasonable estimate of anticipated future experience under the Plan.

Disability: None assumed. This represents a reasonable estimate of anticipated future Plan experience. In the signing actuary's professional judgment, use or selection of a more refined assumption is not expected to produce materially different results due to the nature of cash balance plans.

Expenses: \$70,000 per year of administrative expenses paid or reimbursed by Plan assets. This assumption is a reasonable estimate of anticipated future experience under the Plan.

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods (Continued)

Actuarial Assumptions (continued)

Form of Payment: 100% of participants are assumed to elect the lump sum distribution option. This assumption is based on our study of historical data over the period 2005 to 2020, and reflects the fact that only six participants have elected annuities over this long-term period. Accordingly, this assumption represents a reasonable estimate of anticipated future experience under the Plan.

Benefit Restrictions: As required by Treasury regulations, it is assumed that no PPA or Top-25 benefit restrictions apply in the current and all future plan years, regardless of the Plan's current funded status or any current imposition of such restrictions.

Changes in Assumptions

The Segment Rates and Mortality assumptions were updated for the 2024 plan year, as required for minimum funding calculations by Treasury regulations under IRC section 430 and for funding certifications by IRS regulations under IRC section 436. Note that the Segment Rates used for IRC section 430 minimum funding calculations reflect ARP 2021.

The interest crediting rate was increased from 2.50% to 3.50% compounded annually to reflect our best estimate of anticipated future experience under the Plan

Otherwise, for this 2024 actuarial valuation, there have been no other changes to the actuarial assumptions from the 2023 actuarial valuation.

Nature of Assumptions

The Segment Rates and the Mortality assumptions are dictated by the provisions of the Pension Protection Act of 2006. These two assumptions were determined by IRC section 430 and the associated IRS regulations. In particular, the mortality assumption is based on the Plan sponsor decisions with regard to elections previously made under Treasury regulations section 1.430(h)(3)-1(f)(2). The Segment Rates used for IRC section 430 minimum funding calculations reflect ARP 2021.

The assumptions with regard to the PPA Benefit Restrictions and Top-25 Lump Sum Restrictions were determined for minimum funding calculations by the IRS regulations under IRC section 430.

In the opinion of the responsible actuary, except as dictated by IRC sections 430 and 436 and the associated IRS regulations, each actuarial assumption for which the actuary is allowed discretion is reasonable, taking into account the experience of the Plan and reasonable expectations, and which, in combination, represent the responsible actuary's reasonable estimate of the anticipated experience under the Plan.

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
5040004392	02/02/24 B	12,315,453	1.000	0	12,315,453*	12,315,453	
5040004392	02/07/24 B	11,135,000	1.000	0	11,135,000*	11,135,000	
5040004392	02/09/24 S	23,421,919	1.000	0	23,421,919 *	23,421,919	0
5040004392	08/30/24 B	5,778,542	1.000	0	5,778,542*	5,778,542	
5040004392	09/03/24 S	5,250,000	1.000	0	5,250,000 *	5,250,000	0
	GRAND TOTAL			0	57,900,914	57,900,914	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
BROKER: MISCELLANEOUS							
5040004392	01/02/24 B	ISSUE: HN0026908 - TERM FUND 2028 3,264,132	1.000	3,264,132	3,264,132-	3,264,132	
5040004392	02/07/24 S	ISSUE: HN0023400 - TERM FUND 2026 2,935,000	1.000	0	2,935,000	2,935,000	0
5040004392	02/07/24 S	ISSUE: HN0020786 - TERM FUND 2025 2,000,000	1.000	0	2,000,000	2,000,000	0
5040004392	02/07/24 S	ISSUE: HN0025504 - TERM FUND 2027 3,200,000	1.000	0	3,200,000	3,200,000	0
5040004392	02/07/24 S	ISSUE: HN0026908 - TERM FUND 2028 1,000,000	1.000	0	1,000,000	1,000,000	0
5040004392	02/07/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,815,223	1.000	1,815,223	1,815,223-	1,815,223	
5040004392	02/29/24 S	ISSUE: HN0020778 - TERM FUND 2024 3,815,223	1.000	0	3,815,223	3,815,223	0
5040004392	03/28/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,780,107	1.000	0	1,780,107	1,780,107	0
5040004392	03/28/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,780,107	1.000	1,780,107	1,780,107-	1,780,107	
5040004392	04/03/24 B	ISSUE: HN0023400 - TERM FUND 2026 400,000	1.000	0	400,000-	400,000	
5040004392	04/30/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,800,653	1.000	0	1,800,653	1,800,653	0
5040004392	04/30/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,800,653	1.000	1,800,653	1,800,653-	1,800,653	
5040004392	05/31/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,815,010	1.000	0	1,815,010	1,815,010	0
5040004392	05/31/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,815,010	1.000	1,815,010	1,815,010-	1,815,010	
5040004392	06/05/24 B	ISSUE: HN0025504 - TERM FUND 2027 350,000	1.000	0	350,000-	350,000	
5040004392	06/28/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,722,975	1.000	0	1,722,975	1,722,975	0
5040004392	06/28/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,722,975	1.000	1,722,975	1,722,975-	1,722,975	
5040004392	07/31/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,856,087	1.000	0	1,856,087	1,856,087	0

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	ISSUE: HN0026908 - TERM FUND 2028 07/31/24 B	1,856,087	1.000	1,856,087	1,856,087-	1,856,087	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 08/30/24 S	1,608,923	1.000	0	1,608,923	1,608,923	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 08/30/24 B	1,608,923	1.000	1,608,923	1,608,923-	1,608,923	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 09/03/24 B	1,600,000	1.000	0	1,600,000-	1,600,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/03/24 B	1,250,000	1.000	0	1,250,000-	1,250,000	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 09/30/24 S	1,624,358	1.000	0	1,624,358	1,624,358	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/30/24 B	1,624,358	1.000	1,624,358	1,624,358-	1,624,358	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 10/31/24 S	1,856,000	1.000	0	1,856,000	1,856,000	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 10/31/24 B	1,856,000	1.000	1,856,000	1,856,000-	1,856,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 11/29/24 S	1,672,775	1.000	0	1,672,775	1,672,775	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 11/29/24 B	1,672,775	1.000	1,672,775	1,672,775-	1,672,775	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 12/04/24 B	800,000	1.000	0	800,000-	800,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 12/04/24 B	700,000	1.000	0	700,000-	700,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 12/04/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 12/04/24 B	950,000	1.000	0	950,000-	950,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 12/31/24 S	1,707,961	1.000	0	1,707,961	1,707,961	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 12/31/24 B	1,707,961	1.000	1,707,961	1,707,961-	1,707,961	

Hogan Lovells US LLP Cash Balance Plan
 Schedule H, Line 4j - Schedule of Reportable Transactions
 for the year ended December 31, 2024

EIN: 53-0084704
 Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
 ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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				\$22524204	62,769,276	62,769,276	0
				\$22524204	62,769,276	62,769,276	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE				94,697,611.36			
COMPARATIVE VALUE (5%)				4,734,880.57			
ISSUE: HN0020778 - TERM FUND 2024							
5040004392	02/29/24 S	3,815,223	1.000	0	3,815,223	3,815,223	0
5040004392	03/28/24 S	1,780,107	1.000	0	1,780,107	1,780,107	0
5040004392	04/30/24 S	1,800,653	1.000	0	1,800,653	1,800,653	0
5040004392	05/31/24 S	1,815,010	1.000	0	1,815,010	1,815,010	0
5040004392	06/28/24 S	1,722,975	1.000	0	1,722,975	1,722,975	0
5040004392	07/31/24 S	1,856,087	1.000	0	1,856,087	1,856,087	0
5040004392	08/30/24 S	1,608,923	1.000	0	1,608,923	1,608,923	0
5040004392	09/30/24 S	1,624,358	1.000	0	1,624,358	1,624,358	0
5040004392	10/31/24 S	1,856,000	1.000	0	1,856,000	1,856,000	0
5040004392	11/29/24 S	1,672,775	1.000	0	1,672,775	1,672,775	0
5040004392	12/31/24 S	1,707,961	1.000	0	1,707,961	1,707,961	0
SUB-TOTAL OF SALES # 11				0	21,260,072	21,260,072	0
SUB-TOTAL				0	21,260,072	21,260,072	0
ISSUE: HN0023400 - TERM FUND 2026							
5040004392	04/03/24 B	400,000	1.000	0	400,000-	400,000	
5040004392	09/03/24 B	1,600,000	1.000	0	1,600,000-	1,600,000	
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	12/04/24 B	800,000	1.000	0	800,000-	800,000	
SUB-TOTAL OF BUYS # 4				0	2,900,000	2,900,000	
5040004392	02/07/24 S	2,935,000	1.000	0	2,935,000	2,935,000	0
SUB-TOTAL OF SALES # 1				0	2,935,000	2,935,000	0
SUB-TOTAL				0	5,835,000	5,835,000	0
ISSUE: HN0025504 - TERM FUND 2027							
5040004392	06/05/24 B	350,000	1.000	0	350,000-	350,000	
5040004392	09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	12/04/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
SUB-TOTAL OF BUYS # 4				0	2,650,000	2,650,000	
5040004392	02/07/24 S	3,200,000	1.000	0	3,200,000	3,200,000	0
SUB-TOTAL OF SALES # 1				0	3,200,000	3,200,000	0
SUB-TOTAL				0	5,850,000	5,850,000	0
ISSUE: HN0026908 - TERM FUND 2028							
5040004392	01/02/24 B	3,264,132	1.000	3,264,132	3,264,132-	3,264,132	
5040004392	02/07/24 B	1,815,223	1.000	1,815,223	1,815,223-	1,815,223	
5040004392	03/28/24 B	1,780,107	1.000	1,780,107	1,780,107-	1,780,107	
5040004392	04/30/24 B	1,800,653	1.000	1,800,653	1,800,653-	1,800,653	
5040004392	05/31/24 B	1,815,010	1.000	1,815,010	1,815,010-	1,815,010	
5040004392	06/28/24 B	1,722,975	1.000	1,722,975	1,722,975-	1,722,975	
5040004392	07/31/24 B	1,856,087	1.000	1,856,087	1,856,087-	1,856,087	
5040004392	08/30/24 B	1,608,923	1.000	1,608,923	1,608,923-	1,608,923	
5040004392	09/03/24 B	1,250,000	1.000	0	1,250,000-	1,250,000	
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	09/30/24 B	1,624,358	1.000	1,624,358	1,624,358-	1,624,358	
5040004392	10/31/24 B	1,856,000	1.000	1,856,000	1,856,000-	1,856,000	
5040004392	11/29/24 B	1,672,775	1.000	1,672,775	1,672,775-	1,672,775	
5040004392	12/04/24 B	950,000	1.000	0	950,000-	950,000	
5040004392	12/31/24 B	1,707,961	1.000	1,707,961	1,707,961-	1,707,961	
SUB-TOTAL OF BUYS # 15				\$22524204	24,824,204	24,824,204	
5040004392	02/07/24 S	1,000,000	1.000	0	1,000,000	1,000,000	0
SUB-TOTAL OF SALES # 1				0	1,000,000	1,000,000	0
SUB-TOTAL				\$22524204	25,824,204	25,824,204	0
ISSUE: VP4520012 - ALLSPRING 100% TREAS MM INSTL #3177							
5040004392	01/02/24 B	2,882	1.000	0	2,882-	2,882	
5040004392	02/01/24 B	107	1.000	0	107-	107	
5040004392	02/01/24 B	0	1.000	0	0-	0	
5040004392	02/02/24 B	12,315,453	1.000	0	12,315,453-*	12,315,453	
5040004392	02/07/24 B	11,135,000	1.000	0	11,135,000-*	11,135,000	

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	02/09/24 B	121,095	1.000	0	121,095-	121,095	
5040004392	03/01/24 B	15,636	1.000	0	15,636-	15,636	
5040004392	04/01/24 B	813,086	1.000	0	813,086-	813,086	
5040004392	04/15/24 B	6,239	1.000	0	6,239-	6,239	
5040004392	05/01/24 B	1,127	1.000	0	1,127-	1,127	
5040004392	05/31/24 B	603,649	1.000	0	603,649-	603,649	
5040004392	06/03/24 B	743	1.000	0	743-	743	
5040004392	06/14/24 B	28,131	1.000	0	28,131-	28,131	
5040004392	07/01/24 B	576	1.000	0	576-	576	
5040004392	08/01/24 B	192	1.000	0	192-	192	
5040004392	08/30/24 B	5,778,542	1.000	0	5,778,542*	5,778,542	
5040004392	09/03/24 B	1,805	1.000	0	1,805-	1,805	
5040004392	10/03/24 B	5,131	1.000	0	5,131-	5,131	
5040004392	11/01/24 B	362	1.000	0	362-	362	
5040004392	11/29/24 B	4,271,538	1.000	0	4,271,538-	4,271,538	
5040004392	12/02/24 B	1,245	1.000	0	1,245-	1,245	
SUB-TOTAL OF BUYS # 21				0	35,102,539	35,102,539	
5040004392	02/09/24 S	23,421,919	1.000	0	23,421,919 *	23,421,919	0
5040004392	02/12/24 S	121,095	1.000	0	121,095	121,095	0
5040004392	02/28/24 S	20,629	1.000	0	20,629	20,629	0
5040004392	02/29/24 S	2,183	1.000	0	2,183	2,183	0
5040004392	03/07/24 S	28,931	1.000	0	28,931	28,931	0
5040004392	04/03/24 S	400,000	1.000	0	400,000	400,000	0
5040004392	04/05/24 S	220,215	1.000	0	220,215	220,215	0
5040004392	04/16/24 S	6,239	1.000	0	6,239	6,239	0
5040004392	05/22/24 S	188,469	1.000	0	188,469	188,469	0
5040004392	06/05/24 S	350,000	1.000	0	350,000	350,000	0
5040004392	06/07/24 S	233,465	1.000	0	233,465	233,465	0
5040004392	06/13/24 S	28,131	1.000	0	28,131	28,131	0
5040004392	06/18/24 S	50	1.000	0	50	50	0
5040004392	09/03/24 S	5,250,000	1.000	0	5,250,000 *	5,250,000	0
5040004392	09/04/24 S	5,131	1.000	0	5,131	5,131	0
5040004392	09/25/24 S	400,000	1.000	0	400,000	400,000	0
5040004392	10/01/24 S	48,818	1.000	0	48,818	48,818	0
5040004392	10/03/24 S	27,429	1.000	0	27,429	27,429	0
5040004392	10/04/24 S	5,131	1.000	0	5,131	5,131	0
5040004392	10/24/24 S	19,571	1.000	0	19,571	19,571	0
5040004392	11/08/24 S	28,559	1.000	0	28,559	28,559	0
5040004392	12/04/24 S	3,450,000	1.000	0	3,450,000	3,450,000	0
5040004392	12/05/24 S	734,490	1.000	0	734,490	734,490	0
5040004392	12/19/24 S	116,937	1.000	0	116,937	116,937	0
SUB-TOTAL OF SALES # 24				0	35,107,392	35,107,392	0

Hogan Lovells US LLP Cash Balance Plan
 Schedule H, Line 4j - Schedule of Reportable Transactions
 for the year ended December 31, 2024

EIN: 53-0084704
 Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
 ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
				-----	-----	-----	-----
				0	70,209,931	70,209,931	0
				\$22524204	128,979,207	128,979,207	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
 Schedule H, Line 4j - Schedule of Reportable Transactions
 for the year ended December 31, 2024

EIN: 53-0084704
 Plan Number: 009

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
 ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
		-----		-----			

*** NO TRANSACTIONS QUALIFIED FOR THIS REPORT ***

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

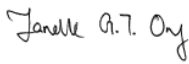
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HOGAN LOVELLS US LLP CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOGAN LOVELLS US LLP	D Employer Identification Number (EIN) 53-0084704	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	102,481,461	
b Actuarial value	2b	102,481,461	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	66	6,937,355	6,937,355
c For active participants	384	89,866,334	91,921,821
d Total	450	96,803,689	98,859,176
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	4.83%	
6 Target normal cost			
a Present value of current plan year accruals	6a	20,723,619	
b Expected plan-related expenses	6b	70,000	
c Target normal cost	6c	20,793,619	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>10/13/2025</u> Date
	<u>JANELLE G. T. ONG, FSA</u> Type or print name of actuary	<u>2307381</u> Most recent enrollment number
	<u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name	<u>415-395-9300</u> Telephone number (including area code)
	<u>595 MARKET STREET SUITE 2100 SAN FRANCISCO CA 94105</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 55
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 20,793,619
b Excess assets, if applicable, but not greater than line 31a				31b 3,622,285
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 17,171,334
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 17,171,334
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 24,073,514
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 6,902,180
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Active participants' Plan benefits are assumed to commence in-service distribution according to the following schedule:

<u>Participant Age</u>	<u>Distribution Rate</u>
55 to 57	65%
58 to 61	70%
62 to 65	75%
66 and older	60%

Participants terminated as of the valuation date are assumed to take distribution according to the following table:

<u>Year(s) from Termination</u>	<u>Commencement Rate</u>
Current Year	50%
1 year	40%
2 years	20%
3 to 5 years	15%
6 to 9 years	10%
10 to 14 years	5%
15 years and greater	100%

Active participants are assumed to terminate according to the following schedule:

<u>Participant Age</u>	<u>Termination Rate</u>
Up to 54	7%
55 to 64	10%
65 to 69	18%
70 and older	25%

Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Hogan Lovells US LLP Cash Balance Plan
 Plan Sponsor's Name: Hogan Lovells US LLP
 EIN / PN: 53-0084704 / 009

**Schedule SB, line 22 – Description of Weighted Average Retirement Age
 (continued)**

To determine the weighted average retirement age, the rates of active participant in-service distribution and termination with immediate payment commencement are blended in the following table:

(A) Age	(B) Rate of Payment	(C) Percent Remaining	(D) Weight	(E) Weighted Retirement Ages
55	72%	100.0%	0.72	39.6
56	72%	28.0%	0.20	11.3
57	72%	7.8%	0.06	3.2
58	77%	2.2%	0.02	1.0
59	77%	0.5%	0.00	0.2
60	77%	0.1%	0.00	0.1
61	77%	0.0%	0.00	0.0
62	82%	0.0%	0.00	0.0
63	82%	0.0%	0.00	0.0
Weighted Average Retirement Age				55.4
Nearest Whole Age				55.0

column (C) = (1.0 – column (B) for prior age) x (column (C) for prior age)
 column (D) = (column (B) x (column (C)))
 column (E) = (column (A) x (column (D)))

Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Hogan Lovells US LLP Cash Balance Plan
 Plan Sponsor's Name: Hogan Lovells US LLP
 EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service							
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 & Over
Under 25								
25 – 29								
30 – 34								
35 – 39	9	26	3					
40 – 44	11	24	21	1				
45 – 49	6	16	18	15	3			
50 – 54	8	9	19	11	15	4		
55 – 59	9	12	16	4	13	24		
60 – 64	4	2	3	9	6	31		
65 – 69	3	2	1	2	4	13		
70 & Over	2		2		1	2		

The participant count was determined as of the January 1, 2024 funding valuation date.

The participant counts given above include senior counsel employees.

Hogan Lovells US LLP Cash Balance Plan

Financial Statements and
ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Hogan Lovells US LLP Cash Balance Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

Hogan Lovells US LLP Cash Balance Plan

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ERISA-Required Supplemental Schedules

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Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024	20-28
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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



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8401 Greensboro Drive, Suite 800
McLean, VA 22102

Independent Auditor's Report

The Pension Committee
Hogan Lovells US LLP Cash Balance Plan
Washington, DC

Opinion

We have audited the financial statements of the Hogan Lovells Cash Balance Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024), are presented for purposes 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 ERISA. Such information is the responsibility of 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

October 15, 2025

Financial Statements

Hogan Lovells US LLP Cash Balance Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value		
Private placement term funds	\$ 97,265,872	\$ 91,409,161
Money market mutual fund	16,583	21,436
Total Investments, at fair value	97,282,455	91,430,597
Receivables		
Pending trades	-	3,264,132
Employer contributions	8,813,691	7,815,453
Accrued income	1,947	2,882
Total Receivables	8,815,638	11,082,467
Total Assets	106,098,093	102,513,064
Liabilities		
Professional services fees payable	29,926	49,560
Total Liabilities	29,926	49,560
Net Assets Available for Benefits	\$ 106,068,167	\$ 102,463,504

See accompanying notes to the financial statements.

Hogan Lovells US LLP Cash Balance Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Investment income:

Interest	\$ 28,056
Net appreciation in fair value of investments	3,877,579

Total Investment Income, net	3,905,635
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Employer contributions	24,909,280
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Total Additions	28,814,915
------------------------	-------------------

Deductions

Benefits paid directly to participants and beneficiaries	1,384,291
Purchase of annuity contract	188,469
Administrative expenses	215,573

Total Deductions	1,788,333
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Net Increase	27,026,582
---------------------	-------------------

Transfer to Other Qualified Plan	(23,421,919)
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Net Assets Available for Benefits, beginning of year	102,463,504
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Net Assets Available for Benefits, end of year	\$ 106,068,167
-------------------------------------------------------	-----------------------

See accompanying notes to the financial statements.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Hogan Lovells US LLP Cash Balance Plan (the Plan), provides only general information. Participants should refer to the Plan agreement and any amendments thereto for a more complete description of the Plan's provisions.

General

The Plan was adopted effective January 1, 2003, and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan's purpose is to provide eligible employees with retirement income benefits during the employees' retirement years. The Plan is a defined benefit plan covering partners of Hogan Lovells US LLP (the Firm), excluding foreign partners. In general, all partners who are on the United States payroll of the Firm, as well as the Global Chief Operating and Financial Officer, are eligible for participation in the Plan upon employment with the Firm. The Plan was most recently amended and restated effective January 1, 2022.

The Plan was amended effective November 15, 2023, to recognize service with Stroock & Stroock & Lavan LLP for certain partners for purposes of vesting. The Plan was further amended effective December 4, 2023, to provide that the Equity partners joining the Firm in November 2023 from Stroock & Stroock & Lavan LLP and scheduled at the 85 Firm unit level for 2023, 2024, and 2025 shall be assigned, for each such year, to the Cash Balance Allocation tier for Equity Partners having 115 units.

Plan Administration

The Plan is sponsored by the Firm and administered by a Pension Committee appointed by the International Management Committee of the Firm. Principal Bank (Principal) serves as the trustee. Gallagher Benefit Services, Inc. (the actuary) serves as actuary and recordkeeper of the Plan. Goldman, Sachs & Co. (the custodian) serves as the custodian of the Plan, and CAPTRUST Advisors serves as investment advisor to the Plan.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. A participant is entitled to receive his or her accrued benefit under the Plan (i) at any time on or after attainment of normal retirement age while employed by the Firm; (ii) if his or her employment with the Firm has terminated and he or she has completed three years of vesting service; (iii) if he or she dies while employed by the Firm; or (iv) if he or she has incurred a disability while an employee of the Firm. The beneficiary of a participant is entitled to a death benefit if (i) the participant terminated with a vested benefit and died prior to his or her annuity starting date; or (ii) was an employee at the time of his or her death and died prior to his or her annuity starting date.

Normal retirement age is defined as the attainment of age 55 and completion of three years of vesting service. Vesting service is the period from the participant's employment date through the participant's termination date, as defined. For purposes of determining service for vesting, any participant with at least two years and 11 completed months of service, if the participant has an additional residual month of service consisting of at least 15 days, the participant will be deemed to have three years of service. Service to the Firm prior to the Plan's effective date and Heller Ehrman LLP and Collora LLP services are included for this purpose.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

Under the Plan, a participant's accrued benefit as of a determination date is the single-life annuity, commencing on the later of the participant's annuity starting date or the participant's normal retirement date, that is the actuarial equivalent of the participant's Accumulated Contribution Account, as defined, as of the determination date. Any participant with an accrued benefit as of January 1, 2022, shall have an accrued benefit under the Plan that is not less than his or her accrued benefit determined as of December 31, 2021, without reflecting any cash balance allocations credited on or after January 1, 2022, and without giving effect to any amendments that became effective January 1, 2022.

A participant's Accumulated Contribution Account (the Account) consists of the sum of hypothetical credits to the account of the participant consisting of the participant's cash balance allocations, if any, and interest credited on such allocations. The Account represents the benefit promised by the Plan, and is not an actual account to which Plan assets and investment income are allocated. Each participant's Accumulated Contribution Account grows by Firm allocations, described below, and interest is equal to the actual return on Plan assets. For the years ended December 31, 2024 and 2023, the actual return on Plan assets was 4.11% and 5.25%, respectively.

A participant's Annual Cash Balance Allocation, as defined, is determined based upon a participant's Firm units or unit equivalents and the participant's election tier level as assigned (Tier 1 or Tier 2) and related allocation amounts. Effective January 1, 2022, the Plan discontinued Tier 2 cash balance allocations. The Firm allocation is credited to a participant's Accumulated Contribution Account on the last day of the Plan year.

Payment of Plan Benefits

The participant may elect optional forms of payment. If the participant qualifies to receive benefits prior to his or her termination date, the participant may elect to receive his or her benefit in the form of a single-life annuity, 50% joint-and-survivor annuity, 75% joint-and-survivor annuity, or a rollover single-sum payment. The rollover single-sum payment is a lump-sum payment distributed as a rollover into the Hogan Lovells US LLP Retirement Savings Plan (RSP). Amounts transferred into the RSP during the year ended December 31, 2024 totaled \$23,421,919 and are accounted for as a related party transaction. If the participant qualifies to receive benefits on or after termination of employment with the Firm, the option of a single lump-sum payment in cash is also available. Additionally, if the accrued benefit is less than \$1,000, then payment will be made in a single lump sum, and if the benefit is greater than \$1,000 but less than \$7,000 and the participant did not elect a cash distribution or direct rollover, the benefit will be automatically rolled over to an individual retirement account.

Further, if a participant dies prior to receiving his or her benefit under the Plan, the participant's beneficiary, other than his or her spouse, is entitled to a death benefit payable as a lump-sum payment in cash equal to the value of the employee's accumulated pension benefit. If payable to the participant's spouse, a life annuity or lump-sum payment is available. A participant who incurs a disability as an employee will be entitled to receive his or her accrued benefit. The participant's annuity starting date will be his or her required beginning date or the date the participant incurred the disability, whichever is later.

Prior to termination, participants may take in-service distributions of their accrued benefit as of the beginning of the immediately preceding Plan year each January 31st following attainment of their normal retirement age of their accrued benefit as of the beginning of the preceding Plan year, or the accrued benefit as of the end of the preceding Plan year if the participant has attained

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

age 62 as of the benefit commencement date. These in-service distributions elected as lump sum payments are limited to rollovers to the RSP.

Funding

It is the intention of the Firm to fund the Plan in accordance with the provisions of ERISA and under sound actuarial principles. All contributions to the Plan are made by the Firm, and no contributions shall be required of or permitted by the participants. For the Plan year ended December 31, 2024, the Firm's contribution of \$24,897,793 exceeded the minimum funding requirements of the Internal Revenue Code (IRC).

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the principal or most advantageous market of the asset or liability. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisor, custodian and trustee. See Note 5 for further information related to of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Firm, as provided by the Plan agreement. Expenses that are paid directly by the Firm are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the statement of changes in net assets available for benefits.

3. Annuity Contracts Excluded From Plan Assets

On December 8, 2022, the Firm completed the purchase of a nonparticipating group annuity contract from an insurance company. This annuity buyout shifted the Firm's obligations irrevocably to an insurance company, who provides annuities for the participants. During 2022, cash of approximately \$1.54 million was transferred to United of Omaha Life Insurance Company. The accumulated benefit obligation associated with the group annuity purchase was approximately \$1.54 million and impacted approximately six participants of the Plan. Funds under these contracts have been allocated and applied to purchase these annuities and are excluded from the Plan's assets.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments, including lump-sum distributions that are attributable to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated partners or their beneficiaries; (b) beneficiaries of partners who have died; and (c) present partners or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to the partner's service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the independent actuary, and the assumption of interest rates of 4.00% and 3.50% were used by the actuary for 2024 and 2023, respectively.

For annuitant and nonannuitant valuations, the mortality assumption was based on Society of Actuaries Pri-2012 White Collar Healthy Mortality Table with fully generational projected mortality improvements using Scale MP-2021 for both December 31, 2024 and 2023 valuations.

The withdrawal and payment commencement assumptions were based on the demographic study of participant behavior for the period 2011 to 2020 with regard to termination, and the period 2005 to 2020 with regard to payment commencement.

Benefits accrue for each participant based upon the Annual Cash Balance Allocation as described in Note 1. Benefits are payable at normal retirement age and may be paid out under a single lump sum option equal to the Accumulated Contribution Account and/or rolled over into another tax-deferred plan. The increase in the Accumulated Contribution Account is the amount credited each year plus interest equal to the actual return on Plan assets.

The actuarial present value of accumulated plan benefits is equal to the cumulative sum of the Accumulated Contribution Account.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might have been applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2024 and 2023.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

The following is the Plan's statements of accumulated plan benefits:

<i>December 31,</i>	2024	2023
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active participants	\$ 93,491,939	\$ 92,694,736
Terminated participants	8,576,944	7,240,486
Retirees and beneficiaries	-	-
Total Vested Benefits	102,068,883	99,935,222
Nonvested Benefits	3,706,552	2,453,082
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 105,775,435	\$ 102,388,304

The following is the Plan's statement of changes in accumulated plan benefits:

<i>Year ended December 31, 2024</i>	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$ 103,388,304
Increase (decrease) during the year attributable to:	
Benefits accumulated	25,191,610
Increase for interest	2,834,181
Benefits paid and transfers out	(24,806,210)
Change in actuarial assumptions	404,883
Annuity purchase	(188,469)
Plan experience	(48,864)
Net Increase	3,387,131
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 105,775,435

5. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes to the methodologies used at December 31, 2024 and 2023.

The following is a description of the valuation methodologies used for assets measured at fair value.

Money Market Mutual Fund - The Plan invests in a money market mutual fund which is valued at the daily closing price as reported by the fund.

Private Placement Term Funds - The Plan invests in private placement term funds, which represent limited partnership interest in various investment funds. These funds primarily invest in private debt and equity securities. These funds are primarily valued at NAV per share as determined by the fund manager and represents the Plan's proportionate interest in the net assets of each fund. The NAV, as provided by the custodian, is used as a practical expedient to estimating fair value.

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 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments , in the fair value hierarchy				
Money market mutual fund	\$ 16,583	\$ -	\$ -	\$ 16,583
Total Assets , in the fair value hierarchy	<u>\$ 16,583</u>	<u>\$ -</u>	<u>\$ -</u>	16,583
Investments , measured at net asset value (NAV)*				
Private placement Term Funds ^(a)				97,265,872
Total Investments , at fair value				<u>\$ 97,282,455</u>

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments , in the fair value hierarchy				
Money market mutual fund	\$ 21,436	\$ -	\$ -	\$ 21,436
Total Assets , in the fair value hierarchy	\$ 21,436	\$ -	\$ -	21,436
Investments , measured at net asset value (NAV)*				
Private placement Term Funds ^(a)				91,409,161
Total Investments , at fair value				\$ 91,430,597

(a) Investments in this category are measured at fair value using net asset value per share (or its equivalent) practical expedient and have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Each capital preservation fund in which the Plan invests holds a diversified portfolio consisting primarily of U.S. Treasury and other government securities, corporate bonds, mortgage and asset-backed securities and other fixed income securities. The funds' performance is dependent on the financial performance of the underlying companies in which it is invested. Each capital preservation fund is expected to terminate and have all its assets mature or be sold on or around the anticipated termination date, which is December 31 of the year in which the fund is named. Investments in these funds are subject to long-term lock-up periods and transfer restrictions. Redemption from these funds is not permitted, and liquidity is dependent on the timing and amount of distributions made by the funds. Investors will not have any right to redeem or withdraw their capital contributions prior to the expiration of the funds term.

Fair Value of Investments in Entities that Use Net Asset Value (NAV)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

December 31, 2024

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type:				
Private Placement Term Funds	\$ 97,265,872	\$ -	Daily, though no amounts can be redeemed in last 5 days of the final quarter of the capital preservation fund	5 days

December 31, 2023

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type:				
Private Placement Term Funds	\$ 91,409,161	\$ -	Daily, though no amounts can be redeemed in last 5 days of the final quarter of the capital preservation fund	5 days

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

6. Plan Termination

The Firm intends to continue the Plan indefinitely but reserves the right to amend or terminate the Plan, if necessary. In the event of Plan termination, participants' accumulated benefits will become 100% vested. The Plan's assets will be used for the exclusive benefit of the participants and beneficiaries as prescribed by law. The Firm has no obligation to continue making contributions to the Plan after its termination. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

On termination of the Plan, the trust fund will be allocated by the Plan Administrator on an actuarial basis among participants, spouses, and beneficiaries in the manner prescribed by ERISA Section 4044. Any residual assets of the trust fund remaining after such allocation will be distributed to the Firm if (a) all liabilities of the Plan to participants, spouses, and beneficiaries have been satisfied and (b) such distribution does not contravene any provision of the law.

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. This ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Firm and the level of benefits guaranteed by the PBGC.

7. Risks and Uncertainties

The Plan invests primarily in short duration fixed income securities and holds interest bearing cash in a money market mutual fund for liquidity purposes. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades and widening of credit spreads.

The actuarial present value of accumulated plan benefits, and thus required contributions to the Plan, are reported based on certain assumptions pertaining to interest rates, inflation rates, participants' compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions would be material to the financial statements.

Hogan Lovells US LLP Cash Balance Plan

Notes to Financial Statements

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Firm by a letter dated January 31, 2017, that the Plan and its related trust, as then designed, are in accordance with applicable sections of the IRC, which includes amendments through December 31, 2014. Although the Plan has been amended since receiving the determination letter, the Plan's management and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related-Party and Party-in-Interest Transactions

Certain Plan investments include shares of a money market mutual fund managed by an affiliate of Wells Fargo and Principal, the trustees of the Plan. The Plan also pays fees to Gallagher Benefit Services, Inc, the actuary of the Plan, and to Goldman, Sachs & Co, the custodian of the Plan. These transactions qualify as party-in-interest transactions and are not considered prohibited transactions.

10. Subsequent Events

The Plan Administrator has evaluated subsequent events through October 15, 2025, the date the financial statements were available to be issued. There are no subsequent events identified that would require adjustment to or disclosure in these financial statements.

ERISA-Required Supplemental Schedules

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 53-0084704

Plan Number: 009

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
Money Market Mutual Fund				
Allspring	100% Treasury Money Market Institutional #3177	\$ 16,583	\$ 16,583	\$ 16,583
Private Placement Funds				
Goldman Sachs Trust Company	TERM FUND 2024	1,216,617	1,216,617	1,915,570
Goldman Sachs Trust Company	TERM FUND 2025	22,942,270	22,942,270	23,698,929
Goldman Sachs Trust Company	TERM FUND 2026	22,172,237	22,172,237	23,688,463
Goldman Sachs Trust Company	TERM FUND 2027	22,125,104	22,125,104	23,690,788
Goldman Sachs Trust Company	TERM FUND 2028	23,824,204	23,824,204	24,272,122
Total Private Placement Term Funds		92,280,432	92,280,432	97,265,872
Total Investments		\$ 92,297,015	\$ 92,297,015	\$ 97,282,455

* Represents a party-in-interest as defined t

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
5040004392	02/02/24 B	12,315,453	1.000	0	12,315,453*	12,315,453	
5040004392	02/07/24 B	11,135,000	1.000	0	11,135,000*	11,135,000	
5040004392	02/09/24 S	23,421,919	1.000	0	23,421,919 *	23,421,919	0
5040004392	08/30/24 B	5,778,542	1.000	0	5,778,542*	5,778,542	
5040004392	09/03/24 S	5,250,000	1.000	0	5,250,000 *	5,250,000	0
	GRAND TOTAL			0	57,900,914	57,900,914	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
BROKER: MISCELLANEOUS							
5040004392	01/02/24 B	ISSUE: HN0026908 - TERM FUND 2028 3,264,132	1.000	3,264,132	3,264,132-	3,264,132	
5040004392	02/07/24 S	ISSUE: HN0023400 - TERM FUND 2026 2,935,000	1.000	0	2,935,000	2,935,000	0
5040004392	02/07/24 S	ISSUE: HN0020786 - TERM FUND 2025 2,000,000	1.000	0	2,000,000	2,000,000	0
5040004392	02/07/24 S	ISSUE: HN0025504 - TERM FUND 2027 3,200,000	1.000	0	3,200,000	3,200,000	0
5040004392	02/07/24 S	ISSUE: HN0026908 - TERM FUND 2028 1,000,000	1.000	0	1,000,000	1,000,000	0
5040004392	02/07/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,815,223	1.000	1,815,223	1,815,223-	1,815,223	
5040004392	02/29/24 S	ISSUE: HN0020778 - TERM FUND 2024 3,815,223	1.000	0	3,815,223	3,815,223	0
5040004392	03/28/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,780,107	1.000	0	1,780,107	1,780,107	0
5040004392	03/28/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,780,107	1.000	1,780,107	1,780,107-	1,780,107	
5040004392	04/03/24 B	ISSUE: HN0023400 - TERM FUND 2026 400,000	1.000	0	400,000-	400,000	
5040004392	04/30/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,800,653	1.000	0	1,800,653	1,800,653	0
5040004392	04/30/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,800,653	1.000	1,800,653	1,800,653-	1,800,653	
5040004392	05/31/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,815,010	1.000	0	1,815,010	1,815,010	0
5040004392	05/31/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,815,010	1.000	1,815,010	1,815,010-	1,815,010	
5040004392	06/05/24 B	ISSUE: HN0025504 - TERM FUND 2027 350,000	1.000	0	350,000-	350,000	
5040004392	06/28/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,722,975	1.000	0	1,722,975	1,722,975	0
5040004392	06/28/24 B	ISSUE: HN0026908 - TERM FUND 2028 1,722,975	1.000	1,722,975	1,722,975-	1,722,975	
5040004392	07/31/24 S	ISSUE: HN0020778 - TERM FUND 2024 1,856,087	1.000	0	1,856,087	1,856,087	0

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	ISSUE: HN0026908 - TERM FUND 2028 07/31/24 B	1,856,087	1.000	1,856,087	1,856,087-	1,856,087	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 08/30/24 S	1,608,923	1.000	0	1,608,923	1,608,923	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 08/30/24 B	1,608,923	1.000	1,608,923	1,608,923-	1,608,923	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 09/03/24 B	1,600,000	1.000	0	1,600,000-	1,600,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/03/24 B	1,250,000	1.000	0	1,250,000-	1,250,000	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 09/30/24 S	1,624,358	1.000	0	1,624,358	1,624,358	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 09/30/24 B	1,624,358	1.000	1,624,358	1,624,358-	1,624,358	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 10/31/24 S	1,856,000	1.000	0	1,856,000	1,856,000	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 10/31/24 B	1,856,000	1.000	1,856,000	1,856,000-	1,856,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 11/29/24 S	1,672,775	1.000	0	1,672,775	1,672,775	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 11/29/24 B	1,672,775	1.000	1,672,775	1,672,775-	1,672,775	
5040004392	ISSUE: HN0023400 - TERM FUND 2026 12/04/24 B	800,000	1.000	0	800,000-	800,000	
5040004392	ISSUE: HN0020786 - TERM FUND 2025 12/04/24 B	700,000	1.000	0	700,000-	700,000	
5040004392	ISSUE: HN0025504 - TERM FUND 2027 12/04/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
5040004392	ISSUE: HN0026908 - TERM FUND 2028 12/04/24 B	950,000	1.000	0	950,000-	950,000	
5040004392	ISSUE: HN0020778 - TERM FUND 2024 12/31/24 S	1,707,961	1.000	0	1,707,961	1,707,961	0
5040004392	ISSUE: HN0026908 - TERM FUND 2028 12/31/24 B	1,707,961	1.000	1,707,961	1,707,961-	1,707,961	

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
				-----	-----	-----	-----
SUB-TOTAL				\$22524204	62,769,276	62,769,276	0
GRAND TOTAL				\$22524204	62,769,276	62,769,276	0

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE				94,697,611.36			
COMPARATIVE VALUE (5%)				4,734,880.57			
ISSUE: HN0020778 - TERM FUND 2024							
5040004392	02/29/24 S	3,815,223	1.000	0	3,815,223	3,815,223	0
5040004392	03/28/24 S	1,780,107	1.000	0	1,780,107	1,780,107	0
5040004392	04/30/24 S	1,800,653	1.000	0	1,800,653	1,800,653	0
5040004392	05/31/24 S	1,815,010	1.000	0	1,815,010	1,815,010	0
5040004392	06/28/24 S	1,722,975	1.000	0	1,722,975	1,722,975	0
5040004392	07/31/24 S	1,856,087	1.000	0	1,856,087	1,856,087	0
5040004392	08/30/24 S	1,608,923	1.000	0	1,608,923	1,608,923	0
5040004392	09/30/24 S	1,624,358	1.000	0	1,624,358	1,624,358	0
5040004392	10/31/24 S	1,856,000	1.000	0	1,856,000	1,856,000	0
5040004392	11/29/24 S	1,672,775	1.000	0	1,672,775	1,672,775	0
5040004392	12/31/24 S	1,707,961	1.000	0	1,707,961	1,707,961	0
SUB-TOTAL OF SALES # 11				0	21,260,072	21,260,072	0
SUB-TOTAL				0	21,260,072	21,260,072	0
ISSUE: HN0023400 - TERM FUND 2026							
5040004392	04/03/24 B	400,000	1.000	0	400,000-	400,000	
5040004392	09/03/24 B	1,600,000	1.000	0	1,600,000-	1,600,000	
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	12/04/24 B	800,000	1.000	0	800,000-	800,000	
SUB-TOTAL OF BUYS # 4				0	2,900,000	2,900,000	
5040004392	02/07/24 S	2,935,000	1.000	0	2,935,000	2,935,000	0
SUB-TOTAL OF SALES # 1				0	2,935,000	2,935,000	0
SUB-TOTAL				0	5,835,000	5,835,000	0
ISSUE: HN0025504 - TERM FUND 2027							
5040004392	06/05/24 B	350,000	1.000	0	350,000-	350,000	
5040004392	09/03/24 B	1,200,000	1.000	0	1,200,000-	1,200,000	

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	12/04/24 B	1,000,000	1.000	0	1,000,000-	1,000,000	
SUB-TOTAL OF BUYS # 4				0	2,650,000	2,650,000	
5040004392	02/07/24 S	3,200,000	1.000	0	3,200,000	3,200,000	0
SUB-TOTAL OF SALES # 1				0	3,200,000	3,200,000	0
SUB-TOTAL				0	5,850,000	5,850,000	0
ISSUE: HN0026908 - TERM FUND 2028							
5040004392	01/02/24 B	3,264,132	1.000	3,264,132	3,264,132-	3,264,132	
5040004392	02/07/24 B	1,815,223	1.000	1,815,223	1,815,223-	1,815,223	
5040004392	03/28/24 B	1,780,107	1.000	1,780,107	1,780,107-	1,780,107	
5040004392	04/30/24 B	1,800,653	1.000	1,800,653	1,800,653-	1,800,653	
5040004392	05/31/24 B	1,815,010	1.000	1,815,010	1,815,010-	1,815,010	
5040004392	06/28/24 B	1,722,975	1.000	1,722,975	1,722,975-	1,722,975	
5040004392	07/31/24 B	1,856,087	1.000	1,856,087	1,856,087-	1,856,087	
5040004392	08/30/24 B	1,608,923	1.000	1,608,923	1,608,923-	1,608,923	
5040004392	09/03/24 B	1,250,000	1.000	0	1,250,000-	1,250,000	
5040004392	09/25/24 B	100,000	1.000	0	100,000-	100,000	
5040004392	09/30/24 B	1,624,358	1.000	1,624,358	1,624,358-	1,624,358	
5040004392	10/31/24 B	1,856,000	1.000	1,856,000	1,856,000-	1,856,000	
5040004392	11/29/24 B	1,672,775	1.000	1,672,775	1,672,775-	1,672,775	
5040004392	12/04/24 B	950,000	1.000	0	950,000-	950,000	
5040004392	12/31/24 B	1,707,961	1.000	1,707,961	1,707,961-	1,707,961	
SUB-TOTAL OF BUYS # 15				\$22524204	24,824,204	24,824,204	
5040004392	02/07/24 S	1,000,000	1.000	0	1,000,000	1,000,000	0
SUB-TOTAL OF SALES # 1				0	1,000,000	1,000,000	0
SUB-TOTAL				\$22524204	25,824,204	25,824,204	0
ISSUE: VP4520012 - ALLSPRING 100% TREAS MM INSTL #3177							
5040004392	01/02/24 B	2,882	1.000	0	2,882-	2,882	
5040004392	02/01/24 B	107	1.000	0	107-	107	
5040004392	02/01/24 B	0	1.000	0	0-	0	
5040004392	02/02/24 B	12,315,453	1.000	0	12,315,453-*	12,315,453	
5040004392	02/07/24 B	11,135,000	1.000	0	11,135,000-*	11,135,000	

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
5040004392	02/09/24 B	121,095	1.000	0	121,095-	121,095	
5040004392	03/01/24 B	15,636	1.000	0	15,636-	15,636	
5040004392	04/01/24 B	813,086	1.000	0	813,086-	813,086	
5040004392	04/15/24 B	6,239	1.000	0	6,239-	6,239	
5040004392	05/01/24 B	1,127	1.000	0	1,127-	1,127	
5040004392	05/31/24 B	603,649	1.000	0	603,649-	603,649	
5040004392	06/03/24 B	743	1.000	0	743-	743	
5040004392	06/14/24 B	28,131	1.000	0	28,131-	28,131	
5040004392	07/01/24 B	576	1.000	0	576-	576	
5040004392	08/01/24 B	192	1.000	0	192-	192	
5040004392	08/30/24 B	5,778,542	1.000	0	5,778,542*	5,778,542	
5040004392	09/03/24 B	1,805	1.000	0	1,805-	1,805	
5040004392	10/03/24 B	5,131	1.000	0	5,131-	5,131	
5040004392	11/01/24 B	362	1.000	0	362-	362	
5040004392	11/29/24 B	4,271,538	1.000	0	4,271,538-	4,271,538	
5040004392	12/02/24 B	1,245	1.000	0	1,245-	1,245	
SUB-TOTAL OF BUYS # 21				0	35,102,539	35,102,539	
5040004392	02/09/24 S	23,421,919	1.000	0	23,421,919 *	23,421,919	0
5040004392	02/12/24 S	121,095	1.000	0	121,095	121,095	0
5040004392	02/28/24 S	20,629	1.000	0	20,629	20,629	0
5040004392	02/29/24 S	2,183	1.000	0	2,183	2,183	0
5040004392	03/07/24 S	28,931	1.000	0	28,931	28,931	0
5040004392	04/03/24 S	400,000	1.000	0	400,000	400,000	0
5040004392	04/05/24 S	220,215	1.000	0	220,215	220,215	0
5040004392	04/16/24 S	6,239	1.000	0	6,239	6,239	0
5040004392	05/22/24 S	188,469	1.000	0	188,469	188,469	0
5040004392	06/05/24 S	350,000	1.000	0	350,000	350,000	0
5040004392	06/07/24 S	233,465	1.000	0	233,465	233,465	0
5040004392	06/13/24 S	28,131	1.000	0	28,131	28,131	0
5040004392	06/18/24 S	50	1.000	0	50	50	0
5040004392	09/03/24 S	5,250,000	1.000	0	5,250,000 *	5,250,000	0
5040004392	09/04/24 S	5,131	1.000	0	5,131	5,131	0
5040004392	09/25/24 S	400,000	1.000	0	400,000	400,000	0
5040004392	10/01/24 S	48,818	1.000	0	48,818	48,818	0
5040004392	10/03/24 S	27,429	1.000	0	27,429	27,429	0
5040004392	10/04/24 S	5,131	1.000	0	5,131	5,131	0
5040004392	10/24/24 S	19,571	1.000	0	19,571	19,571	0
5040004392	11/08/24 S	28,559	1.000	0	28,559	28,559	0
5040004392	12/04/24 S	3,450,000	1.000	0	3,450,000	3,450,000	0
5040004392	12/05/24 S	734,490	1.000	0	734,490	734,490	0
5040004392	12/19/24 S	116,937	1.000	0	116,937	116,937	0
SUB-TOTAL OF SALES # 24				0	35,107,392	35,107,392	0

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
				-----	-----	-----	-----
SUB-TOTAL				0	70,209,931	70,209,931	0
GRAND TOTAL				\$22524204	128,979,207	128,979,207	0

F O O T N O T E S

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

Hogan Lovells US LLP Cash Balance Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
for the year ended December 31, 2024

EIN: 53-0084704
Plan Number: 009

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

HOGAN & LOVELLS L.L.P. CONSOLIDATED
ACCOUNT NUMBER 504100239199

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----		-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		94,697,611.36			
		COMPARATIVE VALUE (5%)		4,734,880.57			
		-----		-----			

*** NO TRANSACTIONS QUALIFIED FOR THIS REPORT ***

F O O T N O T E S

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

Attachment to 2024 Schedule SB (Form 5500)
Plan Name: Hogan Lovells US LLP Cash Balance Plan
Plan Sponsor's Name: Hogan Lovells US LLP
EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2024 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2024 valuation date are not reflected in this valuation except as noted in this report.

EIN/PN	53-0084704 / 009
Effective Date	January 1, 2003; amended and restated effective January 1, 2022, and adopted December 21, 2021.
Recent Amendments	<p>The Plan was amended on November 15, 2023, effective November 15, 2023, to recognize service with Stroock & Stroock & Lavan LLP for certain partners for purposes of vesting. This amendment is reflected in this valuation.</p> <p>The plan was amended and effective on December 4, 2023, to provide that the Equity Partners joining the Firm in November 2023 from Stroock & Stroock & Lavan LLP and scheduled at the 85 Firm unit level for 2023, 2024, and 2025 shall be assigned, for each such year, to the Cash Balance Allocation tier for Equity Partners having 115 units. This amendment is reflected in this valuation.</p>
Plan Year	January 1 to December 31.
Eligibility	<p>All Partners of the Firm paid through the Firm's US payroll, as well as the Global Chief Operating and Financial Officer, the Director of Administration, and the Chief Financial Officer, but excluding (i) partners who irrevocably waived participation in this Plan, (ii) partners whose ownership units in the Firm are fewer than or equal to 50% of their aggregate ownership units in the Firm and in Hogan Lovells International LLP, (iii) partners who provide services to both Hogan Lovells International LLP in the Paris office and to the Firm, and (iv) partners who provide services in the Firm's offices in Venezuela, Mexico, or Brazil.</p> <p>An Eligible Employee becomes a participant upon date of service.</p>
Hours of Service	Hours of Service are imputed at the rate of 190 hours per month for each month during which an Eligible Employee works or is credited with one or more hours of work.
Benefit Service	<p>A year of Benefit Service will be granted for each Plan Year a participant earns 2,280 Hours of Service.</p> <p>If, during a Plan Year, a participant earns less than 2,280 Hours of Service, but earns 1,000 or more Hours of Service, a partial year of Benefit Service for the Plan Year is calculated as the ratio of Hours of Service in the Plan Year to 2,280 hours.</p> <p>If, during a Plan Year, a participant earns less than 1,000 Hours of Service, no Benefit Service will be granted for the Plan Year unless the participant is an Eligible Employee on the last day of the Plan Year, in which case a partial year of Benefit Service for the Plan Year is calculated as the ratio of Hours of Service in the Plan Year to 2,280 hours.</p> <p>Service prior to the plan's Effective Date is excluded.</p>

Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Hogan Lovells US LLP Cash Balance Plan
 Plan Sponsor's Name: Hogan Lovells US LLP
 EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Vesting Service Elapsed time service from date of hire. Service prior to the Plan's Effective Date is included. Service of 2 years and 11 complete months is rounded up to three years of service, but only if a residual month has 15 or more days of service.

Normal Retirement Age Attainment of age 55 and three years of Vesting Service.

Cash Balance Account Determined as a Participant's Cash Balance Account as of the end of the preceding Plan Year, adjusted with:

- a) Interest: interest is credited monthly based on the actual return earned on plan assets. In no event may the cumulative interest on a participant's Cash Balance Account as of any annuity starting date be less than zero.
- b) Allocation: the participant's Target Allocation multiplied by the participant's Benefit Service earned during the Plan Year.

Target Allocation For Plan Years beginning 2022, based on the table below:

Equity Partners

Firm Unit Level	Allocation
Less than 18	\$2,000
18 – 23	\$2,000
24 – 32	\$20,000
33 – 39	\$30,000
42 – 48	\$50,000
52 – 56	\$70,000
60 – 65	\$90,000
70 – 75	\$100,000
80 – 85	\$110,000
90 – 95	\$120,000
100	\$130,000
110 – 120	\$150,000
125 – 130	\$180,000
135 – 150	\$200,000
160 – 180	\$250,000
190 – 240	\$300,000
250 or more	\$400,000

Attachment to 2024 Schedule SB (Form 5500)
 Plan Name: Hogan Lovells US LLP Cash Balance Plan
 Plan Sponsor's Name: Hogan Lovells US LLP
 EIN / PN: 53-0084704 / 009

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Target Allocation (cont) Non-Equity Partners

Base Compensation	Annual Cash Balance Contribution
Under \$432,000	\$2,000
\$432,000 to \$479,999	\$3,000
\$480,000 to \$527,999	\$5,000
\$528,000 to \$575,999	\$8,000
\$576,000 to \$674,999	\$12,500
\$675,000 to \$774,999	\$20,000
\$775,000 to \$1,109,999	\$30,000
\$1,100,000 or more	\$50,000

The Director of Administration is treated as having 52 units. The Global Chief Operating and Financial Officer is treated as the number of units used in the determination of his or her Firm compensation. The Cash Balance Allocation for the Chief Financial Officer is \$12,500.

Vesting Full vesting upon (i) completion of three years of Vesting Service, or (ii) disability while in service, or (iii) death while in service, or (iv) attainment of age 65. No vesting is provided prior to attainment of any of these items.

Accrued Benefit The Actuarial Equivalent of the participant's Cash Balance Account.

Benefit Commencement Participants may commence distribution of their vested Cash Balance Accounts upon termination of Firm employment. Prior to termination, participants may take in-service distributions each January 31st following attainment of their Normal Retirement Date or age 65 of their Accrued Benefit as of the beginning of the preceding Plan Year, or the Accrued Benefit as of the end of the preceding Plan Year if the Participant has attained age 62 as of the benefit commencement date.

Payment Form Participants may elect a single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity, or a lump sum payment. In-service distributions elected as lump sum payments are limited to rollovers to the Firm's profit-sharing plan.

Preretirement Death Benefit The participant's Cash Balance Account.

