Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/30/1968

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)
HOGAN LOVELLS US LLP

555 13TH STREET, N.W.
WASHINGTON, DC 20004-1109

2b Employer Identification Number (EIN) 53-0084704

2c Plan Sponsor's telephone number 202-637-5600

2d Business code (see instructions) 541110

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.	10/15/2026	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 ☐ Same as Plan Sponsor

HOGAN LOVELLS US LLP PENSION COMMITTEE

555 13TH STREET, N.W.
WASHINGTON, DC 20004-1109

3b Administrator's EIN: 53-0084704

3c Administrator's telephone number: 202-637-5600

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

5	Total number of participants at the beginning of the plan year	**5**	3434
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)**	1996
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1975
b	Retired or separated participants receiving benefits	**6b**	63
c	Other retired or separated participants entitled to future benefits	**6c**	1400
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3438
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	3444
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)**	3351
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)**	3360
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	53
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2G 2R 3B 2F 2J 2K 2S

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

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

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

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

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

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

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

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

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

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

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

(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 SERVICE, 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?
16 50	NONE	88859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, P.C.

13-5381590

(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?
10 50	NONE	34848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
15 37 64 65 71	NONE	-588385	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
	SEE ATTACHED	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOGAN LOVELLS US LLP

D Employer Identification Number (EIN)
53-0084704

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE COLL TR

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-025	C	85950846

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GRWTH COMP COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-135	C	306579056

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX RETIREMENT

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-001	C	130266217

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2030 FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2859118-001	C	77298127

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LW-PRD STCK COMMINGLD POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-132	C	57031525

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2035 FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2849635-001	C	55197844

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2040 FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2858930-001	C	45906788

a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO TOTAL RETURN COLLECTIVE TRUST		
b Name of sponsor of entity listed in (a):	PIMCO COLLECTIVE INVESTMENT TRUST		
c EIN-PN 27-0834899-035	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34153604
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LIFEPATH INDEX 2050 FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-2859039-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39899263
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LIFEPATH INDEX 2055 FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-2859078-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40283377
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LIFEPATH INDEX 2045 FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-2858957-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35859735
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO REAL RETRN COLLECTVE TRUST II		
b Name of sponsor of entity listed in (a):	PIMCO COLLECTIVE INVESTMENT TRUST		
c EIN-PN 27-0834899-035	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29166074
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LIFEPATH INDEX 2060 FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-1996611-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25920667
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK LIFEPATH INDEX 2065 FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 84-1858562-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5635735
a Name of MTIA, CCT, PSA, or 103-12 IE:	S&P 500 INDEX COMMINGLED POOL CL C		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST		
c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	419146827
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN EXTENDED MKT INDEX POOL CL		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST		
c EIN-PN 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45886641
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN TOTAL INTL INDEX POOL CL		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST		
c EIN-PN 82-6293122-015	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15796694

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2070 FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 99-3965751-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9822

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1470149	1469584
(2) Participant contributions	1b(2)	1540746	1461872
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	487026	61655
(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)	4884704	4697196
(9) Value of interest in common/collective trusts	1c(9)	845539449	1449988842
(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)	793511479	412001122
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	258479315	307519538

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1905912868	2177199809
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1905912868	2177199809

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)	28508580	
(B) Participants	2a(1)(B)	31696494	
(C) Others (including rollovers)	2a(1)(C)	7606141	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		67811215
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1616119	
(B) U.S. Government securities	2b(1)(B)	467766	
(C) Corporate debt instruments	2b(1)(C)	486032	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	384962	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2954879
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13452	
(B) Common stock	2b(2)(B)	418033	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31396987	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		31828472
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	50025274	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	49275645	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		749629
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6487243	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6487243

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		139934700
(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)		141919298
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		391685436
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	143383712	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		143383712
f Corrective distributions (see instructions)	2f		38225
g Certain deemed distributions of participant loans (see instructions)	2g		34664
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	88859	
(3) Recordkeeping fees	2i(3)	-593336	
(4) IQPA audit fees	2i(4)	34848	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	14111	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		-455518
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		143001083
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		248684353
l Transfers of assets:			
(1) To this plan	2l(1)		24601630
(2) From this plan	2l(2)		1999042

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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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 Distributions

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

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): 04-6568107

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 |

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.)

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

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.

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

Hogan Lovells US LLP
Retirement Savings Plan

Financial Statements
and ERISA-Required Supplemental Schedule
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

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 Retirement Savings Plan

Financial Statements and ERISA-Required Supplemental Schedule
As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Hogan Lovells US LLP Retirement Savings Plan

Contents

Independent Auditor's Report 3-6

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 8

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 9

Notes to Financial Statements 10-20

ERISA-Required Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the Year Ended December 31, 2025 22

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.

Tel: 703-893-0600
Fax: 703-893-2766
www.bdo.com

8401 Greensboro Drive, Suite 800
McLean, VA 22102

Independent Auditor's Report

The Pension Committee
Hogan Lovells US LLP Retirement Savings Plan
Washington, DC

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Hogan Lovells US LLP Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report.

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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.



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 ERISA Section 103(a)(3)(C) 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 U.S. 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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 Schedule Required by ERISA

The supplemental schedule (Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For

information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2026

Financial Statements

Hogan Lovells US LLP Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value	**$ 2,169,571,157**	$ 1,898,017,269
Receivables		
Notes receivable from participants	**4,697,196**	4,884,704
Participant contributions	**1,461,872**	1,540,746
Firm contributions	**1,469,584**	1,470,149
Total Receivables	**7,628,652**	7,895,599
Net Assets Available for Benefits	**$ 2,177,199,809**	$ 1,905,912,868

See accompanying notes to the financial statements.

Hogan Lovells US LLP Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions		
Investment income:		
Interest	$	2,569,917
Dividends		31,828,472
Net appreciation in fair value of investments		289,090,870
Total Investment Income		323,489,259
Interest income on notes receivable from participants		384,962
Contributions:		
Firm		28,508,580
Participant		31,696,494
Rollover		7,606,141
Total Contributions		67,811,215
Total Additions		391,685,436
Deductions		
Benefits paid directly to participants and beneficiaries		143,456,601
Administrative expenses, net of revenue credits		(455,518)
Total Deductions, Net		143,001,083
Net Increase		248,684,353
Transfers In from the Hogan Lovells US Cash Balance Plan (Note 1)		24,601,630
Transfers Out to HLTech Legal Technology & Consulting LLC (Note 1)		(1,999,042)
Net Assets Available for Benefits, beginning of year		1,905,912,868
Net Assets Available for Benefits, end of year	$	2,177,199,809

See accompanying notes to the financial statements.

1. Description of the Plan

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

General

The Plan is a defined contribution plan that was adopted on December 30, 1968. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the Pension Committee appointed by the International Management Committee of the Firm. The Plan was most recently amended and restated effective January 1, 2024 and was further amended and restated effective January 1, 2026.

Effective July 1, 2023, the Plan was amended to permit rollovers from the Hogan Lovells US LLP Cash Balance Plan from terminated participants, which are credited to the participant's rollover account.

Fidelity Management Trust Company (FMTC) is the Trustee of the Plan and Fidelity Workplace Services, LLC, for which FMTC served as Trustee, is the Recordkeeper of the Plan (collectively, Fidelity). Hogan Lovells US LLP is the Plan Administrator and Plan Sponsor.

Effective March 10, 2025, the Plan was amended to add the employees of HLTech legal Technology & Consulting LLC (LegalTech) as a participating employer in the Plan immediately prior to the Separation Date, defined as May 1, 2025 or such later date no later than July 1, 2025, into a 401(k) plan established by LegalTech for its employees (the Spin-Off, see Note 2).

Effective June 30, 2026, the Plan was amended to clarify certain eligibility requirements.

On June 30, 2026, the Firm consummated the transaction resulting in the merger of Cadwalader, Wickersham & Taft LLP with and into the Firm effective July 1, 2026. In connection therewith, effective July 1, 2026 the Hogan Lovells US LLP Retirement Savings Plan was amended to rename the Plan the Hogan Lovells Cadwalader US LLP Retirement Savings Plan. Effective January 1, 2027, and contingent upon meeting the Plan's eligibility requirements, the Employees and Partners of Cadwalader, Wickersham & Taft LLP become eligible to participate in the Plan.

Investment Options

Each participant has the responsibility of determining how the funds in his or her account will be invested. Participants may invest their contributions in a variety of investment options including mutual funds; collective investment trusts; a stable value fund; and a self-directed brokerage account. Investment options may be added or deleted at the Pension Committee's discretion.

Participant Accounts

Each participant's account is credited, as defined, with allocations of Plan earnings and losses, based on participant account balances, with the participant's contribution, as well as the applicable allocation of the Firm's contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may also "self-direct" contributions to any investment vehicle of his or her choice.

Eligibility

All Employees and Partners of the Firm are considered Eligible Employees, with the exception of: (a) any Employee classified by the firm as a summer associate or law clerk who is employed on a temporary or part-time basis while such employee is a candidate for a J.D; (b) any Employee or Partner who irrevocably waives participation in this Plan pursuant to a written agreement that provides such individual will not be eligible to participate in this Plan; (c) any Partner whose ownership units in the Firm are fewer than or equal to fifty percent (50%) of his or her aggregate ownership units in the Firm and in Hogan Lovells International LLP; (d) any Partner who provides services to both Hogan Lovells International LLP in the Paris office and to Hogan Lovells US LLP; (e) any Partner or employee whose employer is one of the Firm's offices in Venezuela, Mexico or Brazil unless seconded to the United States, (f) any intern employed on a temporary basis while a student, and (g) effective with respect to any individual hired by the Firm on or after January 1, 2021, any International Lawyer, International Law Clerk, or International Seconded Business Team Employees.

Effective January 1, 2026, the Plan was amended to clarify the definition of an Eligible Employee all Employees and Partners of the Firm, with the exception of: (a) any Employee classified by the Firm as a summer associate or law clerk who is employed on a temporary or part-time basis while such employee is a candidate for a J.D; (b) any Employee or Partner who irrevocably waives participation in this Plan pursuant to a written agreement that provides that such individual will not be eligible to participate in the Plan; (c) any Partner who is a Firm Partner and a partner in Hogan Lovells International LLP, and whose ownership units in the Firm are fewer than or equal to fifty percent (50%) of his or her aggregate ownership units in the Firm and in Hogan Lovells International LLP; (d) any Partner who is in a foreign office of the Firm that is not on the Firm's United States payroll system, such as any employee whose employer is, or any partner paid exclusively through one of the Firm's offices in Venezuela, Mexico or Brazil unless seconded to the United States and receiving compensation through the United States payroll, (f) any intern employed on a temporary basis while a student, (g) effective with respect to any individual hired by the Firm on or after January 1, 2021, any International Lawyer, International Law Clerk, or International Seconded Business Team Employees, and (h) prior to January 1, 2027, any Employee or Partner who was an employee or partner of Cadwalader, Wickersham & Taft LLP on June 30, 2026. Each eligible employee who satisfies these conditions will be eligible to make 401(k) Contributions and Rollover Contributions.

Contributions

The following types of contributions are allowed under the Plan:

1. *401(k) Contributions* - Business Team Employees, Partners, Senior Counsel, Counsel, and Associates and other Attorneys of the Firm are eligible to participate in the Plan. There is no age or service requirement in order to become eligible to participate in the Plan. Participant contributions are limited to the lesser of 75% of the participant's pre-tax salary or $23,500 for the year ended December 31, 2025. Additionally, a $7,500 "catch up" contribution is permitted in 2025 for participants aged 50 and older. Participants also have the option to make Roth after-tax contributions.

   Effective October 7, 2024, the Plan was amended to include an automatic enrollment feature. Automatic enrollment is applicable for employees hired or rehired after October 7, 2024, or for employees who were not previously participating in the Plan as of October 7, 2024. All eligible Business Team Employees will be automatically enrolled at 3% of their eligible

compensation and all eligible attorneys other than Partners or Senior Counsel will be enrolled at 6% of eligible compensation. The Plan also provides for automatic escalation of 1% of eligible compensation per Plan year beginning January 1, 2026, up to the maximum amount of 10% of eligible compensation for Business Team Employees and 15% for attorneys other than Partners and Senior Counsel.

2. *Matching Contributions* – Only Business Team Employees and Partners are eligible to receive matching contributions. Effective June 30, 2026, the Plan was amended to clarify that only Business Team Employees and Partners who are an eligible employee may receiving matching contributions. Lawyer Employees, Senior Salaried Counsels and Salaried Counsels are not eligible to receive matching contributions except for certain employees as listed within the Plan document as long as they remain employed with the Firm in their current position. The amount contributed by the Firm on behalf of these participants is based upon each participant's 401(k) Contributions and compensation. Matching Contributions are calculated as 100% of a participant's 401(k) Contributions up to 3% of the participant's compensation. The Firm made matching contributions totaling $6,417,464 during the year ended December 31, 2025.

3. *Profit Sharing Contributions* – Only Business Team Employees, Partners, Salaried Counsels, and Salaried Senior Counsel are eligible to receive profit sharing contributions. Effective June 30, 2026, the Plan was amended to clarify that only Business Team Employees, Partners, Salaried Counsels, and Salaried Senior Counsel who are eligible employees may receive a profit sharing contribution. Lawyer Employees, hourly paid Counsel and hourly paid Senior Counsel are not eligible, unless they are listed within the Plan document and remain employed by the Firm in their current position.

   For Business Team Employees, the profit sharing contribution is calculated as 7.5% of compensation, which is defined as total taxable compensation, including salary/straight-time pay, overtime and bonuses (if any). Equity Partners will receive a flat dollar amount determined by the following formula: the maximum annual additions for the Plan year, less the annual deferral limit for the Plan year, less the maximum amount of matching contributions that may be made for the participant whose compensation equals or exceeds the compensation limit for the Plan year and whose participant deferral contributions for the Plan year equal the annual deferral limit. The resulting annual flat dollar amount will be converted to a monthly flat dollar amount. Each eligible Equity Partner who is credited with at least one hour of service for such month will be credited with such monthly flat dollar amount.

   Non-Equity Partners, Salaried Counsels and Salaried Senior Counsels will receive a flat dollar amount as follows: for Non-Equity Partners with 25 or more equivalent units, the flat dollar amount shall be equal to the flat dollar amount calculated for Equity Partners. For Non-Equity Partners with at least 18, but fewer than 25, equivalent units, the flat dollar amount shall be equal to $5,000 less than the flat dollar amount calculated for Equity Partners. For Non-Equity Partners with fewer than 18 equivalent units, and for Salaried Counsels and Salaried Senior Counsels, the flat dollar amount shall be equal to $15,000, but not greater than 25% of the individuals base compensation, as set by the Firm at the beginning of the Plan Year, for a Non-Equity Partner who is in such status at the beginning of the Plan year, and otherwise as of the first day during the Plan year on which the Firm sets the Non-Equity Partner's base salary.

   The Firm made profit sharing contributions totaling $22,091,116 during the year ended December 31, 2025.

Effective July 1, 2026, the Plan was amended to clarify that prior to January 1, 2028, any Counsel or Senior Counsel who was an employee of Cadwalader Wickersham & Taft LLP on June 30, 2026, are not eligible to receive a profit sharing contribution.

4. *Rollover Contributions* - Participants may elect to rollover funds distributed from a separate qualified plan or a conduit individual retirement account (IRA).

Contributions are subject to certain Internal Revenue Service (IRS) limitations. Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting

Vesting is based on continuous years of service. A participant is 100% vested in matching contributions made on his or her behalf by the Firm at all times. A participant is 100% vested in profit sharing contributions after three years of continuous service or upon a severance from service due to retirement on or after age 65, death or disability.

Participants who were hired or rehired prior to January 1, 2021, are deemed to have completed three years of service if they have completed two years and 11 months of service, plus at least 15 days of service in an additional month. Any profit sharing contributions made prior to January 1, 2021, which were forfeited and then reinstated, as defined in the Plan, shall continue to be deemed as vested.

If a participant incurs a severance from service and has received a complete distribution of his or her account or five consecutive one-year breaks in service without a complete distribution, he or she will forfeit the unvested portion of his or her account attributable to the Firm's profit sharing contribution. Any such forfeitures will be placed in an unallocated Firm account, which may be invested in any investment fund at the discretion of the Pension Committee, and which could be applied to reinstate the forfeited profit sharing account balances, reinstate closed accounts, correct administrative errors, pay reasonable administrative expenses, or could be applied to fund profit sharing contributions.

Forfeitures

As of December 31, 2025 and 2024, forfeited non-vested accounts totaled $219,241 and $642,097, respectively. For the year ended December 31, 2025, $1,577,669 of forfeitures were used to offset profit sharing contributions.

Notes Receivable from Participants

A participant may borrow up to the lesser of 50% of the participant's account or $50,000, less the highest outstanding balance on the prior loan during the past 12 months. No participant may have more than two loans outstanding. Repayment terms are limited to five years or up to 15 years if the loan is used to acquire the participant's principal residence. Loans bear interest at a rate determined by the Pension Committee, which is to be a fixed rate, at the loan origination date that reflects the current market rates charged by financial institutions for similar loans. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the Internal Revenue Code (IRC).

Payment of Benefits

Upon termination of service, retirement, disability or death, the benefit payable to participants consists of any vested amounts existing in their accounts at that time. The benefit is payable in the form of a single lump sum cash payment, a partial distribution if the participant's account balance is at least $5,000, and installments after a severance from service, as defined in the Plan document, to participants, beneficiaries and alternate payees who have reached their required beginning date, as defined in the Plan document. Normal Retirement Age is defined as 65. Unless a participant elects otherwise, distributions will commence no later than the 60th day after the later of the close of the Plan year upon reaching Normal Retirement Age, has participated in the Plan for ten years, or terminates employment with the Firm.

Immediate lump-sum distributions may be made to terminated participants if the participant's vested account balance is $1,000 or less. For terminated participants with vested balances greater than $1,000, but less than $7,000, their vested balance may be automatically rolled into an individual retirement account unless otherwise elected.

Participants have the option of leaving funds in the Plan after separation from the Firm and electing partial or periodic distributions prior to attainment of a certain age between age 70½ and age 75, dependent on the participants date of birth and equity ownership, as described in the Plan document, and prior to separation from the Firm.

Additionally, active participants have the ability to take three different types of in-service withdrawals as outlined in the Plan agreement. The first type of withdrawal is a withdrawal from previous after-tax contributions (which were allowed under various pre-merger plans) and previous rollover contributions. An active participant is able to make one withdrawal from these amounts each year, up to the total value of these previous contributions less the amount of contributions which are invested in outstanding notes receivable from participants. The second type of withdrawal is withdrawals from previous profit sharing contributions. Any Business Team Employee who has completed five years of service and has reached the age of 50 with no severance in service is eligible to withdraw up to the total value of all previous profit sharing contributions. Such withdrawals are limited to three withdrawals per Plan year. Any participant who has attained the Normal Retirement Age and has not incurred a severance in service, is eligible for a withdrawal from all of their account balance. These in-service withdrawals are limited to three per Plan year. Lastly, the Plan allows for participants to take up to two hardship withdrawals per Plan year based upon detailed eligibility criteria outlined in the Plan agreement.

Transfer from Other Plan

Certain eligible Partners are allowed to transfer a balance of their accrued benefit once a year in a single lump-sum payment from the Hogan Lovells US LLP Cash Balance Plan, a defined benefit plan sponsored by the Firm, into the Plan. During the year ended December 31, 2025, $24,601,630 was transferred to the Plan.

Transfer to Other Plan

Effective March 10, 2025, the Plan completed a spin-off of the accounts of LegalTech into the Justworks Retirement Savings Plan. Net assets totaling $1,992,042 were transferred to the Justworks Retirement Savings Plan which included $21,614 in outstanding participant loans.

2. Summary of 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 conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from management's estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. The Pension Committee determines the Plan's valuation policies utilizing information provided by its investment manager and Trustee.

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. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is 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.

Contributions Receivable

Participant contributions and any related employer matching contributions are recognized in the period during which the Firm makes the respective payroll deduction from the participant's compensation. Profit sharing contributions are recorded in the period to which the contribution is related in accordance with the terms in the Plan document.

Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements and participant account balances.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net depreciation of fair value of investments.

Revenue Credits

In addition, the Plan participates in a revenue credit program with the Recordkeeper, whereby when revenue received by the Recordkeeper in connection with Plan services exceeds agreed-upon compensation, the Recordkeeper will allocate amounts equal to such excess revenue to the Plan's or the participant's accounts. Other administrative expenses are paid by the Firm.

Unallocated revenue credits at December 31, 2025 and 2024 are $230,662 and $211,247, respectively. During 2025, the Plan received credits of approximately $638,340, of which $618,925 was allocated to the participants and used to pay administrative expenses. Administrative expenses are presented net of revenue credits in the statement of changes in net assets available for benefits.

3. Certified Investment Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, a qualified institution.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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.

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, 2025 and 2024.

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

Mutual Funds – These funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Some of the mutual funds held by the Plan are deemed to be actively traded.

Common and Preferred Stock – These investments are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate and Government Bonds – These investments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Collective Investment Trusts – The collective investment trusts are valued at the NAV of units, as provided by the Trustees, and is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investments for amounts different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full liquidation of the collective investment trusts, notice to the Trustees is required and could result in the Plan's investment in the collective investment trusts being placed into an investment only account for up to 12 months. The collective investment trusts are direct filing entities. There are no unfunded commitments.

Self-Directed Brokerage Account – This asset consists of mutual funds, common and preferred stock and corporate bonds. The valuation methodologies of those investments are described above.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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, 2025

	Level 1	Level 2	Level 3	Total
Investments, in the fair value hierarchy				
Mutual funds	$ 412,062,777	$ -	$ -	$ 412,062,777
Self-directed brokerage accounts:				
Mutual funds	122,338,504	-	-	122,338,504
Common and preferred stock	156,168,427	-	-	156,168,427
Cash	406,543	-	-	406,543
Corporate bonds	-	12,314,127	-	12,314,127
Government bonds	-	16,291,937	-	16,291,937
Total Assets, in the fair value hierarchy	$ 690,976,251	$ 28,606,064	$ -	
Total Investments, measured at NAV*				1,449,988,842
Total Investments, at fair value				$ 2,169,571,157

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments, in the fair value hierarchy				
Mutual funds	$ 793,998,505	$ -	$ -	$ 793,998,505
Self-directed brokerage accounts:				
Mutual funds	122,341,315	-	-	122,341,315
Common and preferred stock	111,654,863	-	-	111,654,863
Corporate bonds	-	10,465,570	-	10,465,570
Government bonds	-	14,017,567	-	14,017,567
Total Assets, in the fair value hierarchy	$ 1,027,994,683	$ 24,483,137	$ -	
Total Investments, measured at NAV*				845,539,449
Total Investments, at fair value				$ 1,898,017,269

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient 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.

Fair Value of Investments in Certain Entities that Calculate NAV per Share

The following tables summarize investments measured at fair value based on NAV per share:

December 31,

	Fair Value		Redemption Frequency	Redemption Notice Period
	2025	2024		
Collective investment trusts:				
Blackrock Institutional Trust Company	**$ 456,277,575**	$ 382,810,151	Daily	5 days
Fidelity Management Trust Company	**844,440,743**	335,878,288	Daily	60 days
Goldman Sachs Trust Company	**85,950,846**	72,981,949	Daily	10 days
PIMCO Collective Investment Trust	**63,319,678**	53,869,061	Daily	None
Total	**$1,449,988,842**	$ 845,539,449		

5. Tax Status

The IRS has determined and informed the Firm by letter dated November 17, 2015, that the Plan and its related trust, as then designed, are in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator 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 IRS. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Related Party and Party-in-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by Fidelity or its subsidiaries and affiliates. Participant loan and distribution processing fees are paid to Fidelity by participants. The Plan also receives revenue credits from Fidelity. The Plan also issues loans to participants which are secured by the vested balance of the participants' accounts. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. In addition, during the year ended December 31, 2025, the amount of assets transferred into the Plan from the Hogan Lovells US LLP Cash Balance Plan was $24,601,630. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

7. Plan Termination

Although it has not expressed any intent to do so, the Firm has the right under the Plan to reduce or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

8. Subsequent Events

The Plan evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued. Except for the matters described in Note 1, no additional subsequent events were identified that require adjustment to or disclosure in the financial statements.

ERISA-Required Supplemental Schedule

Hogan Lovells US LLP Retirement Savings Plan

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

EIN: 53-0084704 **Plan Number: 001**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Participant Directed Investments			
*	Fidelity	BrokerageLink	**	$ 307,519,538
	Mutual Funds			
*	Fidelity	Contrafund K	**	253,933,543
*	Fidelity	Total International Index Fund	**	61,227,890
	T. Rowe Price	Small-Cap Stock Fund	**	28,340,791
*	Fidelity	U.S. Bond Index Fund	**	27,398,501
	DFA	US Large Cap Value Fund	**	20,323,374
*	Fidelity	Emerging Markets K	**	20,777,023
*	Fidelity	Money Market Trust Retirement GOV II	**	61,655
	Total Mutual Funds			412,062,777
	Collective Investment Trusts			
*	Fidelity	S&P 500 Index Commingled Pool Class C	**	419,146,827
*	Fidelity	Growth Company Commingled Pool Class A	**	306,579,056
	Blackrock	LifePath Index Retirement Fund	**	130,266,217
	Goldman Sachs	Stable Value Institutional Series Class 1	**	85,950,846
	Blackrock	LifePath Index 2030 Fund	**	77,298,127
*	Fidelity	Low Priced Stock Commingled Pool Class A	**	57,031,525
	Blackrock	LifePath Index 2035 Fund	**	55,197,844
	Blackrock	LifePath Index 2040 Fund	**	45,906,788
*	Fidelity	Spartan Extended Market Index Pool Class C	**	45,886,641
	Blackrock	LifePath Index 2055 Fund	**	40,283,377
	Blackrock	LifePath Index 2050 Fund	**	39,899,263
	Blackrock	LifePath Index 2045 Fund	**	35,859,735
	PIMCO	Total Return Fund Collective Trust Class I	**	34,153,604
	PIMCO	Real Return Collective Trust II	**	29,166,074
	Blackrock	LifePath Index 2060 Fund	**	25,920,667
*	Fidelity	Spartan Total International Index Pool Class C	**	15,796,694
	Blackrock	LifePath Index 2065 Fund	**	5,635,735
	Blackrock	LifePath Index 2070 Fund	**	9,822
	Total Collective Investment Trusts			1,449,988,842
	Total Investments, per the financial statements			2,169,571,157
*	**Participant Loans**	Interest rates: 4.25% - 9.50%	-	4,697,196
	Total Investments, per the Form 5500			$ 2,174,268,353

* Party-in-interest as defined by ERISA.

** Cost data has not been disclosed as all investments are participant-directed.

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME *Part I, Line 3(a)*	SERVICE CODE *Part I, Line 3(b)* *Part I, Line 2(b)*	AMOUNT OF INDIRECT COMPENSATION *Part I, Line 3(c)*	NAME OF SOURCE OF INDIRECT COMPENSATION *Part I, Line 3(d)*	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 *Part I, Line 3(d)*	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) *Part I, Line 3(e)*
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	$0	BROKERAGE LINK*3	SEE NOTE *2	SEE NOTE *3

Hogan Lovells US LLP Retirement Savings Plan

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

EIN: 53-0084704 **Plan Number: 001**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Participant Directed Investments			
*	Fidelity	BrokerageLink	**	$ 307,519,538
	Mutual Funds			
*	Fidelity	Contrafund K	**	253,933,543
*	Fidelity	Total International Index Fund	**	61,227,890
	T. Rowe Price	Small-Cap Stock Fund	**	28,340,791
*	Fidelity	U.S. Bond Index Fund	**	27,398,501
	DFA	US Large Cap Value Fund	**	20,323,374
*	Fidelity	Emerging Markets K	**	20,777,023
*	Fidelity	Money Market Trust Retirement GOV II	**	61,655
	Total Mutual Funds			412,062,777
	Collective Investment Trusts			
*	Fidelity	S&P 500 Index Commingled Pool Class C	**	419,146,827
*	Fidelity	Growth Company Commingled Pool Class A	**	306,579,056
	Blackrock	LifePath Index Retirement Fund	**	130,266,217
	Goldman Sachs	Stable Value Institutional Series Class 1	**	85,950,846
	Blackrock	LifePath Index 2030 Fund	**	77,298,127
*	Fidelity	Low Priced Stock Commingled Pool Class A	**	57,031,525
	Blackrock	LifePath Index 2035 Fund	**	55,197,844
	Blackrock	LifePath Index 2040 Fund	**	45,906,788
*	Fidelity	Spartan Extended Market Index Pool Class C	**	45,886,641
	Blackrock	LifePath Index 2055 Fund	**	40,283,377
	Blackrock	LifePath Index 2050 Fund	**	39,899,263
	Blackrock	LifePath Index 2045 Fund	**	35,859,735
	PIMCO	Total Return Fund Collective Trust Class I	**	34,153,604
	PIMCO	Real Return Collective Trust II	**	29,166,074
	Blackrock	LifePath Index 2060 Fund	**	25,920,667
*	Fidelity	Spartan Total International Index Pool Class C	**	15,796,694
	Blackrock	LifePath Index 2065 Fund	**	5,635,735
	Blackrock	LifePath Index 2070 Fund	**	9,822
	Total Collective Investment Trusts			1,449,988,842
	Total Investments, per the financial statements			2,169,571,157
*	**Participant Loans**	Interest rates: 4.25% - 9.50%	-	4,697,196
	Total Investments, per the Form 5500			$ 2,174,268,353

* Party-in-interest as defined by ERISA.

** Cost data has not been disclosed as all investments are participant-directed.