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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name HC Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1100 15th Street, N.W., Suite 900, Washington, D.C. 20005			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Howard Cohen	Telephone (202) 441-0161	E-mail (optional) hcohen@hjclaw.com	5. Senate ID # 65497-113
7. Client Name <input type="checkbox"/> Self American Association of Health Plans - Health Insurance Association of America			6. House ID # 35598000

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇔ Termination Date \_\_\_\_\_ 11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>60,000.00</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small>
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	<b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(f) Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature

Howard Cohen

Date

February 15, 2004

Printed Name and Title

Howard Cohen - President

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LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name HC Associates, Inc. Client Name American Association of Health Plans - Health

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

P.L. 108-173: Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate  
Executive Branch  
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Howard Cohen	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Howard Cohen Date 2/15/2004



Registrant Name HC Associates, Inc. Client Name American Association of Health Plans - Health

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

P.L. 108-173: Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate  
Executive Branch  
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Howard Cohen	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Howard Cohen Date 2/15/2004



Registrant Name HC Associates, Inc. Client Name American Association of Health Plans - Health

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

P.L. 108-173: Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

17. House(s) of Congress and Federal agencies contacted  Check if None

House of Representatives  
Senate  
Executive Branch  
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Howard Cohen	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Howard Cohen Date 2/15/2004

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rec. 4/03)

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Registrant Name HC Associates, Inc. Client Name American Association of Health Plans - I

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

601 Pennsylvania Avenue, Suite 400, Washington, D.C.

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, or affiliated organization

Signature Howard Cohen Date 2/15/2004

