Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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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			
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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	Telephone	E-mail (optional)	5. Senate ID#
Howard Cohen	(202) 441-0161	hcohen@hjclaw.com	65497-113
7. Client Name 🔲 Self		***************************************	6. House ID #
American Association of F of America	lealth Plans - Health Insurnace Associati	ion	35598000
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Signature

Printed Name and Title	Howard Cohen - President
LD-2 (REV. 4/03)	PAGE 1 of

Registrant Name	HC Associates, Inc.	_ Client Name	American Association of Health Plans - Health
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17. House(s) of Congre	ess and Federal agencies cont	acted [	Check if None
House of Represent Senate Executive Branch Department of Heal	tatives		
18. Name of each indiv	ridual who acted as a lobbyis	t in this issue area	ì
Howard Cohen	Name		Covered Official Position (if applicable)
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19. Interest of each forei	ign entity in the specific issues	s listed on line 16	above
Signature Houre	ul Cohum		Date2/15/2004

Howard Cohen - President
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Form LD-2 (Rec. 4/03)

Page 3

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Printed Name and Title		
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Form LD-2 (Rec. 4/03)		Page4

26. Name of each previously reported organization that is <b>no longer</b> affiliated with the registrant or client  FOREIGN ENTITIES  27. Add the following foreign entities  Name  Address  Principal place of business  Amount of contribution	Registrant Name	HC Associat	es, Inc.	_ Client Name	American Ass	ociation of Health Plans -
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's business previously reported that no longer pertain  AFFILIATED ORGANIZATIONS  25. Add the following affiliated organization(s)  Name Address Principal Place of (city and state or client for lobbying foreign entities  POREIGN ENTITIES  27. Add the following foreign entities  Name Address Principal place of business (city and state or country)  Amount of contribution for lobbying activities  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 client for lobbying activities	Information Upo	date Page - C	omplete ONLY	where registration	n information	has changed.
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Form LD-2 (Rev. 4/03)