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**LOBBYING REPORT**

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

1. Registrant Name DC NAVIGATORS, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 901 7th Street NW Suite 200			
3. Principal Place of Business (if different from line 2) Washington DC 20001 City: State/zip (or Country)			
4. Contact Name Bill Briggs	Telephone (202) 315-5100	E-mail (optional)	5. Senate ID # 85071-176
7. Client Name <input type="checkbox"/> Self Aetna, Inc.			6. House ID # 36488004

**TYPE OF REPORT** 8. Year 2004 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**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature \_\_\_\_\_

*Bill Briggs*Date 02/11/2005

Printed Name and Title

7' Bill Briggs Director of Legislative Affairs

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LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name DC NAVIGATORS, LLC Client Name Aetna, Inc.

**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 FIN (one per page)

16. Specific lobbying issues

Treasury Department study regarding the availability of catastrophic reinsurance for group life insurance under the Federal Terrorism Risk Insurance Act of 2003.

H.R. 4634 "Terrorism Insurance Backstop Extension Act of 2004", provisions relating to the inclusion of group life insurance as a covered line in the federal terrorism insurance program.

S.2764 "Terrorism Risk Insurance Extension Act of 2004", provisions relating to the inclusion of group life insurance as a covered line in the federal terrorism insurance program.

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

House  
Senate  
Treasury  
White House

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

Name	Covered Official Position (if applicable)
Philmore B. Anderson	
Bill Briggs	

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

Signature *Bill Briggs* Date 02/11/2005



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

20. Client new address

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 Business (city and state or country)


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	C P C

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

Signature  Date 02/11/2005

