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# LOBBYING REPORT

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

1. Registrant name	
Organization	HC Associates, Inc.
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	1100 15th Street, N.W., Suite 900
City	Washington
State	DC
Zip Code	20005
Country	U
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Howard Cohen	(202) 441-0161
	hcohen@hjclaw.com
5. Senate ID #	65497-
7. Client Name <input type="checkbox"/> Self	6. House ID #
Oxford Health Plan, Inc.	35598

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u></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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b); Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e); Revenue Code</p>

Form

Printed Name and Title Howard Cohen - President *Howard Cohen 2/14/2005*











Registrant Name HC Associates, Inc. Client Name Oxford Health Plan, Inc.

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

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

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

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 - National Economic Council  
Senate - of the White House  
~~Executive Branch~~  
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists to*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Howard	Cohen	Mr.	

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

12-20-2008 4:17

Registrant Name HC Associates, Inc.

Client Name Oxford Health Plan, Inc.

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

20 Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

22. New general description of clients 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**

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

**ISSUE UPDATE**

24 General lobbying issues that **no longer** pertain

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

**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
	Street Address City	State/Province Country	
		City State Country	

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

1

3

5

2

4

6

Add a page for more

Printed Name and Title Howard Cohen - President



1/14/2008