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SECRETARY OF THE SENATE

04 AUG -3 PM 2:

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 # 65497-176
7. Client Name <input type="checkbox"/> Self Oxford Health Plan			6. House ID # 35598009

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 Activities **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms	13. Organizations
INCOME 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>80,000.00</u> <small>Income (nearest \$20,000)</small>	EXPENSES 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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) of Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Signature _____ Date _____

Printed Name and Title _____ Howard Cohen - President _____

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

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Implementation issues regarding Title 1 and Title 2, of P.L. 108-173: Medicare Drug, Improvement, and Modernization Act of 2003.

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

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

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 8/3/2004

Printed Name and Title _____

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

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Implementation issues regarding Title 1 and Title 2, of P.L. 108-173: Medicare Drug, Improvement, and Modernization Act of 2003.

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

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

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

Name	Covered Official Position (if applicable)
Howard Cohen	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Howard Cohen Date 8/3/2004

Printed Name and Title _____

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

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

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

16. Specific lobbying issues

Implementation issues regarding Title 1 and Title 2, of P.L. 108-173: Medicare Drug, Improvement, and Modernization Act of 2003.

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

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

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

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PRINTED NAME and Title _____

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