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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

Registrant Name HC Associates, Inc.	***************************************			
2. Registrant Address		DC 20005		
		DC 20005		
 Principal Place of Business (if different City 	·			
City	State/Zip (or Country)		1	
4. Contact Name	•	l (optional)	5. Senate ID#	
Howard Cohen	(202) 371-6148	***	65497-113	
7. Client Name Self			6. House ID#	
American Association of Health Plans, Inc.				
INCOME OR EXPENS 12. Lobbying		13. Organiza	tions	
INCOME relating to lobbying act period was:	ivities for this reporting	EXPENSES relating to lobbying activities for this reperiod were:		
Less than \$10,000 □		Less than \$10,000 □		
\$10,000 of filete \(\mathbb{Z}\) >> \$\pi _	\$60,000.00 Income (nearest \$20,000)	\$10,000 or more	xpenses (nearest \$2	
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 accounting method. See instructions for		
	strant by any other entity	☐ Method A. Reporting amounts using LDA definit		
	☐ Method B. Reporting amounts under section 603 the Internal Revenue Code			
		☐ Method C. Reporting amounts un Internal Revenue Cod		
Signature Humand Col		Date8/5/20	02	

<i>→</i> 00020250689					
Reg	istrant Name:	HC Associates, Inc.			
Clie	ent Name:	American Association of Health Plans	, Inc.		
enga	aged in lobbyin		y to reflect the general issue areas in which the registranting period. Using a separate page for each code, provided.		
15.	General issue	area code HCR (one per page)			
16.	H.R.2563, Bi S.1052, Bipar	partisan Patient Protection Act of 2001 rtisan Patient Protection Act, I to Amend Title XVIII of the Social Se	, curity Act to provide for equitable reimbursement rate		
17.		ongress and Federal agencies contacted of Health & Human Services presentatives	☐ Check if None		
18.	Name of each	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)		
	Cohen, Howa	ard			
	- · · ·				
19.	Interest of eac	ch foreign entity in the specific issues liste	d on line 16 above 🔀 Check if None		
Sign	nature		Date 8/5/2002		
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an Reg	ictrant Nama:	00020250690							
_	Registrant Name: HC Associates, Inc. Client Name: American Association of Health Plans, Inc.								
enga		g on behalf	of the clie	nt duri	ng the re	eportin	g period. Using a s		which the registrant or each code, provide
15.	General issue	area code	INS	(one per	page)			
16.	Specific Lobb H.R.2315, Pa H.R.2563, Bip S.1052, Bipar S.889, Bipart	tients' Bill partisan Pa tisan Patie	tients' Bi nt Protec	ll of R tion A	ights Ac ct,		901,		
17.	House(s) of C House of Rep Senate	_		gencie	s contac	ted		□ Check if	None
18.	Name of each	individual v	who acted	as a lo	bbyist ii	n this is	ssue area		
	Name		-				Covered Officia	l Position (if ap	plicable)
	Cohen, Howa	ırd						····	
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		······································							
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19.	Interest of eac	th foreign er	ntity in the	specif	fic issues	s listed	on line 16 above	⊠ Che	eck if None

Date 8/5/2002

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Reg	istrant Name:	HC Associates, Inc.			
Clie	ent Name:	American Association of Health Plan	s, Inc.		
eng	aged in lobbyin		ry to reflect the general issue areas in which the registrant fing period. Using a separate page for each code, provided.		
15.	General issue	area code MMM (one per page)		
16.	•	l to Amend Title XVIII of the Social So	ecurity Act to provide for equitable reimbursement rate		
17.		congress and Federal agencies contacted of Health & Human Services presentatives	☐ Check if None		
18.	Name of each	individual who acted as a lobbyist in this	s issue area Covered Official Position (if applicable)		
	Cohen, Howa	ard			
-					
19.		th foreign entity in the specific issues liste	ed on line 16 above 🛛 Check if None		
Sign	nature 	ward Col	Date 8/5/2002		