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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-Decer

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">12. Lobbying Firms</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">13. Organizations</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>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(l) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature  Date 08/13/2004

Printed Name and Title



Bill Briggs Director of Legislative Affairs

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 code 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	
Cesar V. Conda	Asst. to Vice President for Domestic Policy

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

Signature Bill Briggs Date 08/13/2004

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

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 Bus (city and state or coun


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

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

Signature  Date 08/13/2004

