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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	US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country		
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Howard Cohen	(202) 441-0161	hcohen@hjclaw.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
America's Health Insurance Plans			65497-11
			6. House ID #
			3559800

TYPE OF REPORT 8. Year 2005 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 Acti

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p style="text-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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>100,000</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 style="text-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"/> ⇨ \$ _____</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 definitions c</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(1 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Howard Cohen - President *Howard Cohen August 3, 2005*



Registrant Name HC Associates, Inc. Client Name America's Health Insurance Plans

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant 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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Implementation of issues concerning the implementation of P.L. 108-173: The Medicare Prescription, Improvement, and Modernization Act of 2003.  
Issues concerning Medicaid in the Concurrent Resolution on the Budget -- Fiscal Year 2006.

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

House of Representatives  
Senate  
Department of Health and Human Services

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

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



Registrant Name HC Associates, Inc.

Client Name America's Health Insurance Plan

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 - Health Issues (one per page)

16. Specific lobbying issues

Implementation of issues concerning the implementation of P.L. 108-173: The Medicare Prescription, Improvement, and Modernization Act of 2003.  
Issues concerning Medicaid in the Concurrent Resolution on the Budget -- Fiscal Year 2006.

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

House of Representatives  
Senate  
Department of Health and Human Services

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

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

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









Registrant Name HC Associates, Inc. Client Name America's Health Insurance Plans

**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 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

First Name	Last Name	Suffix	First Name	Last Name	Suf
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	Own perc client
	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, or affiliated organization

1 3 5  
2 4 6

Printed Name and Title Howard Cohen - President

