Go to 1

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SECRETARY OF THE SENATE

05 FEB 14 PM12: 51 LOBBYING REPORT

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

Organization HC Associates, Inc.		
Check if different than previously reported		
Address 1 1100 15th Street, N.W., Suite 900		
N. I. Mari	Zip Code 20005 Country	U:
0.0		
3. Principal place of business (if different than line 2)		
City State City State/Zip	Zip Code Country p or Country	
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#	
•	en@hjclaw.com 65497	'-1
7. Client Name Self	6. House ID#	
America's Health Insurance Plans	35598	30
10. Check if this is a Termination Report □ □ □ Termination Date INCOME OR EXPENSES - Complete Either Line 12		
12. Lobbying Firms	13. Organizations	
†		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this repwere:	orl
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was:	were:	orl
was: Less than \$10,000 \$10,000 or more \$\black \infty \\$ 100,000 Provide a good faith estimate, rounded to the nearest \$20,000,	were: Less than \$10,000	 : e:
was: Less than \$10,000 \$10,000 or more \$\begin{align*} \times \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	were: Less than \$10,000 \$10,000 or more \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	e: e: f o
was: Less than \$10,000 \$10,000 or more \$\overline{x}\$ \infty \$\frac{100,000}{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	were: Less than \$10,000 \$10,000 or more \$\simeq \simeq \simeq \simeq \simeq \simeq \left 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of Method A. Reporting amounts using LDA definit Method B. Reporting amounts under section 603:	e: e: f o ior 3(t

Form

Printed Name and Title Howard Cohen - President

Howard Coha F8B 14, 2005

Registrant Name	HC Associates, Inc.		Client Name America's Health Insurance Plans
LOBBYING Acceptage of the Lobby	CTIVITY. Select as	lient during the rep	essary to reflect the general issue areas in which the orting period. Using a separate page for each cod eded.
15. General issue	e area code MMM - M	edicare/Medicaid	(one per page)
16. Specific lobb	ying issues	<i>£</i>	dd page to continue specific issues description for this issue 🕏
P.L. 108-173	: The Medicare Prescr	iption Drug, Improve	ement, and Modernization Act of 2003.
17. House(s) of	Congress and Federal	agencies contacted	I Check if None
Senate Executive Br Department of	presentatives anch of Health and Human s ch individual who acto Name Last Name		his issue area Add a page to continue additing tobbytsts fo. Covered Official Position (if applicable)
First Name Howard	Cohen	Mr.	
	each foreign entity in		listed on line 16 above K Check if None

LD-2DS (REV. 4/03)

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	nch Health and Human S i individual who acto Name Last Name	<u> </u>	in this issue area Add a page to continue additing tobayists to Covered Official Position (if applicable)
Howard	Cohen	Mr.	
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First Name	Name Last Name	Suffix	Covered Official Losinon (11 approacte)	
Howard	Cohen	Mr.		
19. Interest of e	each foreign entity in	the specific issue	s listed on line 16 above X Check if None	

Add a page for a di-

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LD-2DS (RM)

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Registrant Name HC Associ	ates, Inc.	Clie	ent Name America	's Health Insura	nce Plans
Information Update		ONLY where i	registration info	rmation has c	hanged.
20. Client new address					
Address				• • •	Country
City		State	Zip Cod	e	Country
21. Client new principal pl	ace of business (if differ	ent than line 20)			Caumbre
City	***************************************	State	Zip Cod	e 	Country
22. New general description	on of client's business or	activities			
	*				
LOBBYIST UPDATE 23. Name of each previous	g austy renorted individu	ial who is no lon	ger expected to ac	t as a lobbyist f	or the client
First Name	Last Name	Suffix	First Name	Last Name	:
1		3			
2		4			
					
ISSUE UPDATE		uain.	Find the code	to select below.	
24. General lobbying iss	sues mat no tonger per	itani			
AFFILIATED ORGA	ANIZATIONS				
25. Add the following at		;}			
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	Address			City State	Country
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		-tion that is no l	ongor affiliated w	ith the registran	t or client
26. Name of each previ		zation that is no i	onger ammateu w		t 01 0 110111
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FOREIGN ENTITU	ES				
27. Add the following f					1,
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28. Name of each previous	 usly reported foreign en	tity that no longer	owns, or controls,	or is affiliated wi	th the registra
affiliated organization		•			
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Hoursel Cole 2/15/201