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# 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  Check if different than previously reported  
950 F Street, N.W. Suite 300  
Washington DC 20004 USA

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State/Zip or Country \_\_\_\_\_

4a. Contact Name Mr. Howard Cohen	b. Telephone number (202) 441-0161	c. E-mail hcohen@hjclaw.com	5. Senate ID # 65497-113
7. Client Name <input type="checkbox"/> Self American's Health Insurance Plans			6. House ID # 35598000

**TYPE OF REPORT** 8. Year 2006 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 Activity

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

<p><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><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 expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Howard Cohen Date 8/3/2006

Printed Name and Title Howard Cohen - President

Senate Password



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

**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 MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Implementation issues concerning The Medicare Prescription Improvement and Modernization Act of 2003 (P.L. 108-107).  
Issues relating to payments to Medicare Advantage Plans.  
Issues relating to Upper Payment Limits and Actuarial Soundness for Medicaid Managed Care Plans

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

Centers for Medicare and Medicaid Services  
House of Representatives  
Senate

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

Name	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

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Signature \_\_\_\_\_ Date 8/3/2006

Printed Name and Title Howard Cohen - President



Registrant Name HC Associates, Inc.

Client Name American'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 INS - Insurance (one per page)

16. Specific lobbying issues

Issues relating to health information technology promotion in H.R. 4157.

17. House(s) of Congress and Federal agencies contacted  None  House  Senate  Other

House of Representatives

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

Name	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

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Registrant Name HC Associates, Inc.

Client Name American's Health Insurance Plans

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

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 that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

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	Owners percent client

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

Signature \_\_\_\_\_

Date 8/3/2006

Printed Name and Title Howard Cohen - President

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