

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
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Washington, DC 20510

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LOBBYING REPORT

07 FEB 13 PM 12:50

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

1. Registrant Name <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual							
HC ASSOCIATES, INC.							
2. Address <input type="checkbox"/> Check if different than previously reported							
Address1	950 F STREET, N.W. SUITE 300	Address2					
City	WASHINGTON	State	DC	Zip Code	20004	Country	
3. Principal place of business (if different than line 2)							
City		State		Zip Code		Country	
4a. Contact Name		b. Telephone Number		c. E-mail		5. Senate	
Mr. HOWARD COHEN		(202) 441-0161		hcohen@hjclaw.com		65497-	
7. Client Name <input type="checkbox"/> Self						6. House	
AMERICAN'S HEALTH INSURANCE PLANS						35598	

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) Year End (July 1-December 31)

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

12. Lobbying INCOME relating to lobbying activities for this reporting period was: <u>Less than \$10,000</u> <input type="checkbox"/> <u>\$10,000 or more</u> <input checked="" type="checkbox"/> \$ <u>100,000.00</u> 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).	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: <u>Less than \$10,000</u> <input checked="" type="checkbox"/> <u>\$10,000 or more</u> <input checked="" type="checkbox"/> \$ _____ 14. REPORTING Check box to indicate accounting method. See instructions for description <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions <input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code <input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Revenue Code
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Signature Digitally Signed By: Howard Cohen Howard Cohen Date 02/05
US, DST ACES Business Representative, HC ASSOCIATES INC., Howard Cohen

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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, provide information as requested. Attach additional page(s) as needed.

15. General issue area code (one per page)

16. Specific lobbying issues

Implementation issues concerning The Medicare Prescription Improvement and Modernization Act of 2003.
Issues relating payments to Medicare Advantage Plans and the Stabalization Fund.
Issues relating to Actuarial Soundness and Upper Payment Limits for Medicaid Managed Care Plans.

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

Centers for Medicare and Medicaid Services
House of Representatives
Senate
Office of Management and Budget

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
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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Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City State Zip Code - Count

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

City State Zip Code - Count

22. New General description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client

Table with columns: First Name, Last Name, Suffix, and a numbered box (3, 4).

ISSUE UPDATE

24. General lobbying issue that no longer pertain

Table with multiple empty rectangular boxes for text entry.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Table with columns: Name, Address (Street Address, City, State/Province, Zip, Country), and Principal Place of Business (City, State, Country).

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

Table with a numbered box (1) and a box (2) containing the number 3.

FOREIGN ENTITIES

27. Add the following foreign entities

Table with columns: Name, Address (Street Address, City, State/Province, Country), Principal place of business (City, State, Country), and 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, client or affiliated orga

Table with numbered boxes (1, 2) and boxes containing numbers (3, 4, 5, 6).

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