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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 <input checked="" type="checkbox"/> 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 # 65497-176
7. Client Name <input type="checkbox"/> Self Oxford Health Plan LLC, A UnitedHealthCare Company			6. House ID # 35598009

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 align="center">12. Lobbying Firms</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>60,000</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 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"/> ⇔ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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 Senate Password 

Signature Howard Cohen *Howard Cohen 8/8/2006* Date 8/7/2006
Digitally signed by Howard Cohen DN: cn=Howard Cohen, o=US, ou=OBT ACES Business Representative, ou=HC ASSOCIATES INC, Date: 2006.08.07 14:51:36 -0400
 Printed Name and Title Howard Cohen - President





Registrant Name HC Associates, Inc.

Client Name Oxford Health Plan LLC, A UnitedHealthCare Company

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	Ownership percentage client

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

Signature _____

Date 8/7/2006

Printed Name and Title Howard Cohen - President

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