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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 U
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
	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-
			6. House ID #
			35598

TYPE OF REPORT 8. Year 2004 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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>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>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>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 accounting method. See instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Form

Printed Name and Title Howard Cohen - President *Howard Cohen FEB 14, 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 was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

P.L. 108-173: The Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

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

House of Representatives	- Office of Management and Budget
Senate	- National Economic Council of the White House
Executive Branch	
Department of Health and Human Services	

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue identifying lobbyists for this issue*

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 Plans

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code INS - Insurance (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

P.L. 108-173: Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

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

House of Representatives
Senate
~~Executive Branch~~
Department of Health and Human Services

- Office of Management and Budget
- National Economic Council of the White House

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists*

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

Go to 'Form Completed'



Client Name America's Health Insurance Plans

Registrant Name HC Associates, Inc

Registration information has changed.

LOBBYING ACTIVITY. Select engaged in lobbying on behalf of the information as requested. Attach a

Address: Zip Code Country

0)

Address: Zip Code Country

15. General issue area code HCR -

16. Specific lobbying issues

P.L. 108-173: Implementation of

Individual no longer expected to act as a lobbyist for the client

First Name Last Name Suffix

3

4

17. House(s) of Congress and Federal

Find the code to select below.

House of Representatives
Senate
~~Executive Branch~~
Department of Health and Human Services

18. Name of each individual who

Address	Principal place of Business (city and state or country)
	City
	State Country
	City
	State

Name
First Name Last Name
Howard Cohen

Individual no longer affiliated with the registrant or client

3

Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
City		%
State Country		

19. Interest of each foreign entity

Individual who owns, or controls, or is affiliated with the registrant, client or

5

6

Add a page for more details

Howard Cohen 2/15/2008

Registrant Name HC Associates, Inc.

Client Name Group Health Cooperative

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

1

3

2

4

ISSUE UPDATE

Find the code to select below.

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)
	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	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	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

Add a page for me

Printed Name and Title Howard Cohen - President

Howard Cohen 2/14/20

