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**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

COMPLAINANT:

UTAH STATE INSURANCE DEPARTMENT

RESPONDENTS:

NATIONS HEALTH ALLIANCE
2475 Maple Creek Land
Sandy, UT 84092
Utah Org. Id. No. 159525

DAVID F. WICKES
P.O. Box 900307
Sandy, UT 84090-0307
License No. 358583

TIMOTHY VEST
384 E. Heather Road
Orem, UT 84057
License No. 41808

ATHALON INSURANCE AGENCY, LC
1529 N. Technology Way
Orem, UT 84097
License No. 91244

DEFAULT ORDER

Docket No. 2011-039-HL

Enf. Case No. 2780

ATHALON GROUP, LC	:
2475 Maple Creek Lane	:
Sandy, UT 84092	:
License No. 347662 & 353787	:
	:
ATHALON TPA GROUP, LLC	:
1529 N. Technology Way	:
Orem, UT 84097	:
License No. 355904	:
	:

DEFAULT ORDER

The Default of the Respondents Nations Health Alliance and Athalon Group, LC having previously been entered, the presiding officer hereby adopts the allegations in the Complaint as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

1. The Voluntary Health Insurance Purchasing Alliance license of Respondent, Nations Health Alliance, Inc., is revoked forthwith.
2. The resident Third Party Administrator license and Resident Insurance Producer Organization license of Respondent, Athalon Group, LC, is revoked forthwith.
3. Respondents shall immediately cease doing any insurance business in the State of Utah.

NOTIFICATION

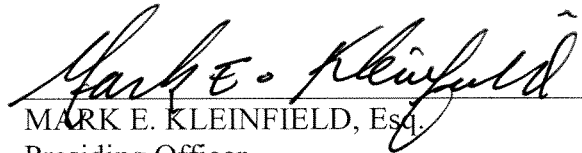
Respondents are hereby notified that failure to abide by the terms of this Order may subject them to further penalties, including additional forfeitures of up to \$5,000.00 per

violation, and the filing of an action to enforce this Order in the District Court, which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 14th day of June, 2011.

NEAL T. GOOCH
INSURANCE COMMISSIONER



MARK E. KLEINFELD, Esq.
Presiding Officer
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail postage prepaid, a true and correct copy of the attached:

DEFAULT ORDER

LICENSE REVOKED

To the following:

Nations Health Alliance
2475 Maple Creek Lane
Sandy, UT 84092

David Wickes
P.O. Box 900307
Sandy, UT 84090-0307

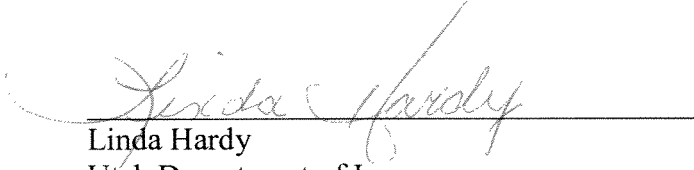
Timothy Vest
384 E. Heather Road
Orem, UT 84057

Athalon Insurance Agency, LC
1529 N. Technology Way
Orem, UT 84097

Athalon Group, LC
1529 N. Technology Way
Orem, UT 84097

Athalon Group, LC
2475 Maple Creek Lane
Sandy, UT 84092

DATED this 14th day of June, 2011.



Linda Hardy
Utah Department of Insurance
State Office Building, Room 3110
Salt Lake City, UT 84114-6901