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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	:
	:

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**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**

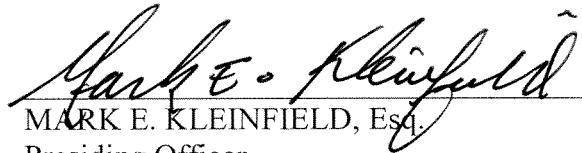
Respondents are hereby notified that failure to abide by the terms of this Order may subject them to further penalties, including additional forfeitures of up to \$5,000.00 per

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 14<sup>th</sup> day of June, 2011.

NEAL T. GOOCH  
INSURANCE COMMISSIONER

  
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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

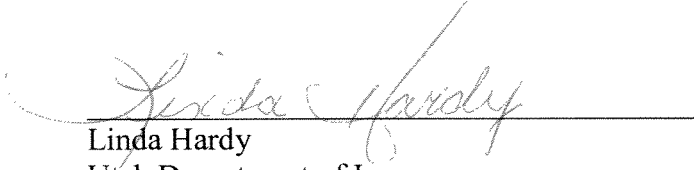
**Timothy Vest**  
384 E. Heather Road  
Orem, UT 84057

**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 14<sup>th</sup> day of June, 2011.

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