

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.
KIM HOLLAND, Insurance Commissioner,

Petitioner,

vs.

AMERICA TRADE ASSOCIATION,
REAL BENEFITS ASSOCIATION,
SMART DATA SOLUTIONS,
SERVE AMERICA ASSURANCE, LTD.,
SERVE AMERICA ASSURANCE, LTD.,
COMPANY,
BEEMA-PAKISTAN COMPANY LTD.,
OBED KIRKPATRICK,
BART POSEY
RICHARD BACHMAN
WILLIAM M. WORTHY II
KATHLEEN CAUTHEN
DAVID L. CLARK
COLIN YUELL,
individually and/or in their capacity as officers,
directors or agents of the above named entities.
HEALTHCARE AMERICA
PINNACLE HEALTH SOLUTIONS,
PINNACLE HEALTH SOLUTIONS, LLC,
EHEALTHGREEN ,
EXECUTIVE HEALTHCARE,
MY ATA BENEFITS,
FIRST AMERICAN HEALTHCARE,
SUPERIOR HEALTH CARE,
OMNI HEALTHCARE,
PROVEN CHOICE,
MINI HEALTH CARE,
JAMES PARISH
NICHOLAS A. WALL
BILLY HENSON
CLEOTHA MONTGOMERY
MICHAEL SCHULTZ, owners of the above named
entities

Respondents.

FILED

JAN 08 2010

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 09-1544-UNI

NOTICE OF VIOLATION OF CEASE & DESIST ORDER

COMES NOW the State of Oklahoma ex rel. Kim Holland, by and through her attorney Julie Delluomo, and alleges and states as follows:

JURISDICTION AND SERVICE

1. Kim Holland is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq.

2. The Insurance Commissioner has jurisdiction over this matter pursuant to the Insurance Code 36 O. S. §§ 101 et seq., specifically pursuant to: Article 6 Authorization of Insurers; 36 O.S. §§ 601 et seq.; the Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 et seq.; the Unauthorized Insurance Business Act, 36 O.S. §§ 6103.1 et seq.; the Health Care Fraud Prevention Act, 36 O.S. §§ 1219.1, et seq.

3. On the 9th day of November, 2009, an Emergency Cease & Desist Order was issued by Commissioner Holland against the named Respondents because the named Respondents were not licensed or authorized to do an insurance business in the State of Oklahoma. The Cease and Desist Order ordered that Respondents and any agents, affiliates, employees, and/or other representatives, both current and successor, whether named or unnamed, shall **CEASE & DESIST** from all activities related to doing insurance business in the State of Oklahoma. (Exhibit "A").

4. On the 16th day of November, 2009, Respondents America Trade Association, Smart Data Solutions and www.myatabenefits were served with the Cease & Desist Order. (Exhibit "B"). No Respondent named in this case contested the Cease &

Desist Order by requesting a hearing to show cause why the Order should not be affirmed.

ALLEGATIONS OF FACT

1. On the 10th day of December, 2009, the Oklahoma Insurance Department investigated whether the named Respondents were complying with the Cease & Desist Order. Previous investigation revealed that American Trade Association offers health insurance products to customers through various marketing tools including fax solicitation, internet websites and producers. American Trade Association is located in Springfield, Tennessee and its president is Obed Kirkpatrick. American Trade Association does not hold a producer's license, certificate of authority, or any other registration or license from the Oklahoma Insurance Department authorizing it to engage in the business of insurance in Oklahoma.

2. Smart Data Solutions is also located in Springfield Tennessee and its corporate officers are Richard Bachman and Brad Posey. Smart Data Solutions is the third party administrator for American Trade Association and drafts customer's bank accounts for premium payments. Smart Data Solutions is not registered with the Oklahoma Insurance Department as a third party administrator. Information from Domains by Proxy revealed that Richard Bachman, a corporate officer of Smart Data Solutions, created the Internet website www.myatabenefits.com in 2009.

3. On December 10, 2009, investigation revealed that www.myatabenefits.com was still an existing and working website on the Internet. A quote for insurance for an Oklahoma consumer was requested under the name "Trish McPhee" from this website.

4. On December 14, 2009, a call from phone number (615) 382-9595 was received from an individual identifying himself as Trent Parks ("Parks) with American Trade Association.

5. "Trent Parks" stated that American Trade Association sells mini-medical or major medical health insurance policies. Parks stated their plan provided a \$500.00 deductible, 20% coinsurance, \$25 doctor visits, \$50 urgent care visits, and \$20 generic mail in prescriptions through Express Scripts.

6. Parks stated the Preferred Provider Organization ("PPO") was Multi-Plan with over 500,000 physicians in the network. Parks provided a quote of \$662.80 per month for the major medical policy.

7. Parks confirmed that Dr. Keith Conaway, located in Shawnee, Oklahoma was a contracted physician with Multi-Plan. Parks further confirmed Unity South and Unity North healthcare facilities, both located in Shawnee, Oklahoma were contracted providers under Multiplan. Parks stated American Trade Association was between insurance companies but would know the name of the new company by the end of the week.

8. Parks stated that the \$662.80 monthly premium could be sent through direct bill or the funds could be withdrawn through bank draft. Parks thereafter faxed an application and bank draft sheet from fax number (866) 512-6464 to the investigator. The faxed enrollment form for health insurance was titled "American Trade Association". (Exhibit "C"). The name "Trish McPhee" was listed as the primary insured's name. The bank draft form was titled "Smart Data Solutions" The name "Trish McPhee" was listed as the member name. (Exhibit "D").

9. On the 5th day of January, 2010, an individual with American Trade Association who identified himself as “Heath Parks” stated the new insurance company was Andone Insurance Company Limited. Parks stated that it is a “white listed company, which means in insurance terms, it is the best”.

10. Andone Insurance Company Limited does not hold a certificate of authority to conduct business in Oklahoma nor is it in anyway authorized to do business in Oklahoma.

ALLEGED VIOLATIONS OF LAW

The conduct of American Trade Association, Smart Data Solutions and www.myatabenefits.com in doing an insurance business in the State of Oklahoma violates the Cease & Desist Order served on them November 16, 2009.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that the Respondents violated the Cease & Desist Order and therefore **American Trade Association, Smart Data Solutions and www.myayabenefits.com are EACH FINED A CIVIL PENALTY in the amount of \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS) for the violation, pursuant to 36 O.S. § 6103.7(B)(1), payable within thirty (30) days of the date of mailing.**

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that the Respondents may request a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Notice of Violation of Cease & Desist Order. This Order and the penalties set forth

above shall become a Final Order on the thirty-first day following the date of mailing of this Order. Such request for hearing, if desired, shall be made in writing addressed to Julie Delluomo, Oklahoma Insurance Department, Legal Division, Post Office Box 53408, Oklahoma City, Oklahoma 73152-3408 and must be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on any such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 et seq.

WITNESS My Hand and Official Seal this 8th day of January 2010.




KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

I, Julie Delluomo hereby certify that a true and correct copy of the above and foregoing Notice of Violation of Cease and Desist Order was mailed postage prepaid with return receipt requested on this 8th day of January 2010 to:

America Trade Association
400 Memorial Blvd.
Springfield, TN 37172

CERTIFIED MAIL # 7006 0810 0002 6163 9362

Smart Data Solutions
4676 Highway 41 North
Springfield, TN 37172

CERTIFIED MAIL # 7006 0810 0002 6163 9379

www.myatabenefits.com
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL # 7006 0810 0002 6163 9393

and a copy was hand-delivered to:

Director, OID Consumer Assistance

Director, OID Financial Division

Director, OID Anti-Fraud Division

Director, OID Producer Licensing Division


Julie Delluomo
Julie Delluomo

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
KIM HOLLAND, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
AMERICA TRADE ASSOCIATION,)
REAL BENEFITS ASSOCIATION,)
SMART DATA SOLUTIONS,)
SERVE AMERICA ASSURANCE, LTD.,)
SERVE AMERICA ASSURANCE, LTD.,)
COMPANY,)
BEEMA-PAKISTAN COMPANY LTD.,)
OBED KIRKPATRICK,)
BART POSEY)
RICHARD BACHMAN)
WILLIAM M. WORTHY II)
KATHLEEN CAUTHEN)
DAVID L. CLARK)
COLIN YOUELL,)
individually and/or in their capacity as officers,)
directors or agents of the above named entities.)
HEALTHCARE AMERICA)
PINNACLE HEALTH SOLUTIONS,)
PINNACLE HEALTH SOLUTIONS, LLC,)
EHEALTHGREEN,)
EXECUTIVE HEALTHCARE,)
MY ATA BENEFITS,)
FIRST AMERICAN HEALTHCARE,)
SUPERIOR HEALTH CARE,)
OMNI HEALTHCARE,)
PROVEN CHOICE,)
MINI HEALTH CARE,)
JAMES PARISH)
NICHOLAS A. WALL)
BILLY HENSON)
CLEOTHA MONTGOMERY)
MICHAEL SCHULTZ, owners of the above named)
entities)
)
Respondents.)

FILED

NOV 09 2009

INSURANCE COMMISSIONER
OKLAHOMA

Case No. 09-1544-UNI



EMERGENCY CEASE AND DESIST ORDER

On the 9th day of November, 2009, the Oklahoma Insurance Department (“OID”) through Assistant General Counsel Julie Delluomo presented to the Insurance Commissioner an Application for an Emergency Cease and Desist Order. The Commissioner having examined the Application finds the Oklahoma Insurance Department has jurisdiction over this matter pursuant to the Oklahoma Constitution Article 6 § 22; the Oklahoma Insurance Code, generally, 36 O.S. §§ 101 et seq.; and specifically pursuant to Article 6 of the Insurance Code (Authorization of Insurers), 36 O.S. §§ 601 et seq; the Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1 et seq; the Unauthorized Insurance Business Act, 36 O.S. §§ 6103.1 et seq; and the Health Care Fraud Prevention Act, 36 O. S. § 1219.1 et seq.

The Commissioner further finds clear and convincing evidence to support the following finding and orders:

1. Respondents actions fall within the definition of "doing an insurance business in this State" 36 O.S. § 6103.2. The above-cited conduct is in violation of 36 O.S. §§ 6103.2 and 6103.3.

2. The alleged conduct is an immediate danger to the public or is causing or can be reasonably expected to cause significant, imminent and irreparable public injury.

IT IS THEREFORE ORDERED that Respondents and any agents, affiliates, employees, and/or other representatives, both current and successor, whether named or unnamed herein, shall **CEASE & DESIST** from all activities related to doing insurance business in this state, including:

1. The making of or proposing to make as an insurer an insurance contract;
2. The making of or proposing to make, as guarantor or surety, any contract of guaranty or suretyship as a vocation and not merely incidental to any other legitimate business or activity of the guarantor or surety;
3. The taking or receiving of any application for insurance;
4. Maintaining any agency or office where any acts in furtherance of an insurance business are transacted, including but not limited to:
 - a. execution of contracts of insurance with citizens of this or any other state,
 - b. maintaining files or records of contracts of insurance,
 - c. processing of claims, or
5. receiving or collection of any premiums, commissions, membership fees, assessments, dues or other consideration for any insurance or any part thereof;
6. The issuance or delivery of contracts of insurance to residents of this state or to persons authorized to do business in this state;
7. Directly or indirectly acting as an agent for, or otherwise representing or aiding on behalf of another, any person or insurer in:
 - a. solicitation, negotiation, procurement or effectuation of insurance or renewals thereof,
 - b. dissemination of information as to coverage or rates, or forwarding of applications, or delivery of policies or contracts,
 - c. inspection of risks,
 - d. fixing of rates or investigation or adjustment of claims or losses,

e. transaction of matters subsequent to effectuation of the contract and arising out of it, or

f. in any other manner representing or assisting a person or insurer in the transaction of insurance with respect to subjects of insurance resident, located or to be performed in this state;

8. Contracting to provide indemnification or expense reimbursement in this state to persons domiciled in this state or for risks located in this state, whether as an insurer, agent, administrator, trust, funding mechanism, or by any other method;

9. The doing of any kind of insurance business specifically recognized as constituting the doing of an insurance business within the meaning of the statutes relating to insurance;

10. The doing or proposing to do any insurance business in substance equivalent to any of the foregoing in a manner designed to evade the provisions of the statutes; or

11. Any other transactions of business in this state by an insurer.

IT IS FURTHER ORDERED Respondent shall leave all of its records undisturbed in its offices until such time as an appropriate examination of such records can be completed by representatives of the department or other examiners appointed by or cooperating with the Commissioner.

IT IS FURTHER ORDERED that this Order is effective immediately and shall continue in full force and effect until further order of the Commissioner. This Order is binding on Respondent, its agents, affiliates, employees and/or other representatives, both current and successor, whether named or unnamed herein.

Pursuant to 36 O.S. § 6103.6(B), any person affected by this Order and who seeks to contest it, has the right to request a hearing before the Commissioner, or her duly appointed representative, to show cause why this Order should not be affirmed. The person affected must make the request not later than the 30th day after the date on which the person receives this Order. The request must be in writing directed to the Commissioner and must state the grounds for the request to set aside or modify the Order. Pending hearing, this Order shall continue in full force and effect unless stayed by the Commissioner. Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. §§ 250 et seq.

In the event this order is violated, the Commissioner may impose a civil penalty of \$25,000.00 for each act of violation; direct the Respondent against whom the Order is issued to make complete restitution, in the form and amount and within the period determined by the Commissioner to all Oklahoma residents, Oklahoma insureds and entities operating in Oklahoma damaged by the violation or failure to comply, or impose both the penalty and direct restitution.

WITNESS My Hand and Official Seal this 9th day of November, 2009.




KIM HOLLAND
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

I, Julie Delluomo hereby certify that a true and correct copy of the above and foregoing Application for Emergency Cease and Desist Order was mailed postage prepaid with return receipt requested on this 9th day of November 2009 to:

Serve America Assurance, Ltd.
c/o Beema-Pakistan Company, Ltd
412-427 Muhammadi House
I.I. Chundrigar Road, P.O. Box 5626
Karachi 74000 Pakistan

INTERNATIONAL CERTIFIED MAIL
RE 295 672 407 US

Serve America Assurance, Ltd. Company
Kathleen Cauthen
117 Winding Oak Way
Blythewood, SC 29016

CERTIFIED MAIL:
7006 0810 0002 6164 1167

Beema-Pakistan
412-427 Muhammadi House
I.I. Chundrigar Road, P.O. Box 5626
Karachi 74000 Pakistan

INTERNATIONAL CERTIFIED MAIL
RE 295 672 415 US

America Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6164 1181

America Trade Association
400 Memorial Blvd.
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6164 1198

Real Benefits Association
118A Fulton Street
Box 138
New York, NY 10038

CERTIFIED MAIL:
7006 0810 0002 6163 8815

Smart Data Solutions
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8341

Healthcare America
Db: www.Healthcareamericaonline.com
P.O. Box 181, Wilshire Blvd
Beverly Hills, CA 90212

CERTIFIED MAIL:
7006 0810 0002 6163 8389

Dave Clark, President
Real Benefits Association
118A Fulton Street
Box 138
New York, NY 10038

CERTIFIED MAIL:
7006 0810 0002 6163 8822

Obed Kirkpatrick
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8327

Obed Kirkpatrick
1705 Rocking Chair Place
Franklin, TN 37067

CERTIFIED MAIL:
7006 0810 0002 6163 8334

William M. Worthy
44 Morgan Place Dr.
Isle of Palms, SC 29451

CERTIFIED MAIL:
7006 0810 0002 6163 8839

Bart Posey
c/o Smart Data Solutions
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8358

Bart Posey
3448 Forest Park Road
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8365

Richard Bachman
c/o Smart Data Solutions
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8372

Colin Youell, Director
Beema-Pakistan
412-427 Muhammadi House
I.I. Chundrigar Road, P.O. Box 5626
Karachi 74000 Pakistan

INTERNATIONAL CERTIFIED MAIL
RE 295 672 353 US

Pinnacle Health Solutions
Db: www.pinnaclehealthsavings.com
c/o James Parish
1481 Glencrest Drive
San Marcos, CA 92078

CERTIFIED MAIL:
7006 0810 0002 6163 8396

Michael Schultz
Pinnacle Health Solutions
National Registered Agents, Inc. of NV
1000 East William Street, Suite 204
Carson City, NV 89701

CERTIFIED MAIL:
7006 0810 0002 6163 8402

Pinnacle Health Solutions, LLC
3651 Lindell Road, Suite D173
Las Vegas, NV 89103

CERTIFIED MAIL:
7006 0810 0002 6163 8419

eHealthGreen
dba: www.eHealthGreen.com
1481 Glencrest Drive
San Marcos, CA 92078

CERTIFIED MAIL:
7006 0810 0002 6163 8426

eHealthGreen
1481 Glencrest Drive
San Marcos, CA 92078

CERTIFIED MAIL:
7006 0810 0002 6163 8433

www.HealthEnroll.net
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8440

Executive Healthcare
www.executivehealthcare.biz
c/o Cleotha Montgomery
1801 Crape Myrtle Circle
Irving, TX 75038-8416

CERTIFIED MAIL:
7006 0810 0002 6163 8457

www.myatabenefits.com
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6164 1792

www.firstamericanhealthcare.com
Liquid Chips
c/o Free Private Reg
P.O. Box 81024
Burnaby, BC V5H 4 K2
Canada

INTERNATIONAL CERTIFIED MAIL
RA 288 628 779 US

www.firstamericanhealthcare.com
Hostmaster, Domain
c/o Free Private Reg
Suite 210 – 3602 Gilmore Way
Burnaby, BC V5G 4 W9
Canada

INTERNATIONAL CERTIFIED MAIL
RE 295 672 424 US

First American Healthcare
James Parish
1481 Glencrest Drive
San Marcos, CA 92069

CERTIFIED MAIL:
7006 0810 0002 6164 1839

First American Healthcare
Nicholas A. Wall
Liquid Chips
1481 Glencrest Drive
San Marcos, CA 92069

CERTIFIED MAIL:
7006 0810 0002 6163 8761

First American Healthcare
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8754

Superior Health Care
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8778

Omni HealthCare
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8785

Proven Choice
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8792

Mini Health Care
c/o American Trade Association
4676 Highway 41
Springfield, TN 37172

CERTIFIED MAIL:
7006 0810 0002 6163 8808

and a copy was hand-delivered to:

Director, OID Consumer Assistance

Director, OID Financial Division

Director, OID Anti-Fraud Division

Director, OID Producer Licensing Division



Julie Delluomo

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">RECEIVED NOVA INSURANCE DEPARTMENT</p> <p style="text-align: center;">NOV 19 2009</p> <p>Legal Division</p> <p>America Trade Association 400 Memorial Blvd. Springfield, TN 37172</p>		<p>B. Recipient by (Printed Name) Michael Bull</p> <p>C. Date of Delivery 11-16-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7006 0810 0002 6164 1198</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102895-02-M-1540	

EXHIBIT

B

tabbles

SENDER TO COMPLETE THIS SECTION	ADDRESSEE TO COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the envelope or on the front if space permits. 	<p>A. Signature X <i>Coll Dean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 11-16-09</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">NOV 19 2009</p> <p style="text-align: center;">Legal Division</p> <p> </p> <p>America Trade Association 4676 Highway 41 Springfield, TN 37172</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0810 0002 6164 1181</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

<p>SENDER INFORMATION</p> <p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the envelope or on the front if possible. </p>		<p>RECEIVED</p> <p>INSURANCE DEPARTMENT</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">NOV 19 2009</p> <p>  Legal Division Smart Data Solutions 4676 Highway 41 Springfield, TN 37172 </p>		<p>A. Signature <i>X De Jean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 11-16-09 </p> <p>D. Is delivery address different from item 12? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7006 0810 0002 6163 8341</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

<p>SENDER</p> <p> <input type="checkbox"/> Complete form if you are the sender. <input type="checkbox"/> Item 4 if Restricted Delivery is selected. <input type="checkbox"/> Print your name and address so that we can return the item to you if it is undeliverable. <input type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits. </p>		<p>RECEIVER</p> <p> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p> Edde Hean (Printed Name) </p> <p> 11-16-09 C. Date of Delivery </p>	
<p>1. Article Addressed to:</p> <p>  www.myatabenefits.com c/o American Trade Associat 4676 Highway 41 Springfield, TN 37172 </p>		<p> <input type="checkbox"/> Yes <input type="checkbox"/> No Is delivery address different from Item 1? </p> <p> Legal Division </p>	
		<p>2. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 0810 0002 6164 1792</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102599-02-M-1549</p>	



400 Memorial Blvd.
 Springfield, TN 37172
 800-546-7405 ext.133
 866-512-6464 fax

Enrollment Form For Health Coverage Plan

1. Primary Insured's Information

Name	Date of Birth	SS #	Age	Sex
Trisha Mcphee				
Street Address: Street, City, State, Zip Code				
Billing Address: Street, City, State, Zip Code				
Email Address:	Home Phone No.	Work Phone No.		
gimmespc@hushmail.com		405-522-6779		

2. Dependent Information - Complete the following for each dependent to be insured:

Name (Last/First/Middle)	Sex	Relationship	Date of Birth	Social Security No.

3. Beneficiary Information - Complete the following for the Accidental Death & Dismemberment benefit:

Primary Beneficiary:		Relationship:	
Contingent Beneficiary:		Relationship:	

Company Name _____ Average Weekly Hours Worked _____

4. Plan Selected: (Circle one)

Plan 300	Plan 500	Plan 1000	Major Medical
Critical Illness Benefit: 5K or 25K / Smoker or Non-Smoker			

Monthly Dues: \$ _____ **Requested Effective Date:** _____

Member's Statement

I hereby request and accept membership in the American Trade Association (ATA).
 I (We) hereby authorize the Association to represent me in matters regarding terms and conditions of employment to include, but not necessarily be limited to, voluntary employee benefits. The Association has authority on my behalf to negotiate and conclude any and all agreements as to these medical benefits and collect for that cost as well as the dues for my membership through their normal collection method. The insurance contract is written on a month to month basis and is automatically renewed monthly unless cancelled in writing.

By signing below,
 I AUTHORIZE SERVE AMERICA ASSURANCE., OR ITS THIRD PARTY ADMINISTRATOR TO COLLECT ANY AND ALL DUES FOR THIS COVERAGE. I ALSO STATE AT THIS TIME THAT I DO _____ DO NOT _____ HAVE CURRENT COVERAGE IN PLACE IF YOU HAVE CURRENT COVERAGE PLEASE ATTACH COPY OF LATEST STATEMENT

Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties.



Signed in: _____
 (City, State) Signature of Member Date
 Enrollment Representative Heath Parks

