

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
ANDERSON/GREENWOOD DIVISION**

IN RE:RECEIVER FOR )  
RONNIE GENE WILSON AND ) Civil Action No. 8:12-cv-2078-JMC  
ATLANTIC BULLION & COIN, INC. )  
\_\_\_\_\_ )

On July 30, 2012, Ronnie Gene Wilson (“Wilson”) and Atlantic Bullion & Coin, Inc. (“AB&C”) pled guilty to two counts of mail fraud stemming from their involvement in a criminal Ponzi scheme involving hundreds of victims and millions of dollars. *See United States v. Ronnie Gene Wilson, et al*, 8:12-cr-320-JMC. In light of these convictions, and pursuant to the authority previously granted to the Receiver, most recently by the Order of February 14, 2013, (ECF Doc. 43), the attached instructional cover letter and Proof of Claim form are hereby approved and the Receiver is authorized to distribute the Proof of Claim form.

**IT IS SO ORDERED.**



\_\_\_\_\_  
J. Michelle Childs  
United States District Judge

July 2, 2014  
Greenville, South Carolina

**Beattie B. Ashmore, Receiver**  
**Ronnie Gene Wilson & Atlantic Bullion & Coin, Inc.**  
**Court-Approved Proof of Claim Form**

**ANSWER ALL SECTIONS COMPLETELY.** *If additional space is required, please duplicate the page and staple it to this form. If a section does not apply to you please indicate on the form and return ALL pages to the Receiver's office.*

**Section 1 – Investor and Contact Information**

**Check one:**           **Individual Account**           **Joint Account**

Name on AB&C account: \_\_\_\_\_

AB&C Account # (if known): \_\_\_\_\_

Primary Investor Name: \_\_\_\_\_

Social Security Number (Federal Tax ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Investor Name (if joint account): \_\_\_\_\_

Social Security Number (Federal Tax ID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Section 2 – Money Invested (Deposited)** *\*Please list all deposits including, but not limited to, bank checks, cash or precious metals. Please list all deposits individually by date. Proof of each deposit must be attached hereto.*

CHECK NUMBER, if applicable or description of deposit, for example: <i>10 gold coins or cash</i>	DATE	AMOUNT

**Section 3 – Payments & Payoffs** – Please list any and all payments and/or payoffs made to you from AB&C including, but not limited to, checks, cash or precious metals. Please list all payments individually by date. Proof of each payment must be attached hereto.

CHECK NUMBER, if applicable, or description of payment, for example: 10 gold coins or cash	DATE	AMOUNT

---

**Section 4 – Additional Information/Questions**

1. Do you have any documents, written correspondence or email correspondence from AB&C or Ronnie Gene Wilson? \_\_\_Yes \_\_\_No If yes, please attach a copy to this form.
  
  2. Are there any documents or information that you would like to bring to the attention of the Receiver? If yes, please attach a copy or describe below.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
  3. Do you have any information that may assist the Receiver in locating assets of AB&C or Ronnie Gene Wilson? \_\_\_Yes \_\_\_No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
  
  4. Do you have any knowledge of bank accounts, automobiles, land, cash or other assets belonging to AB&C or Ronnie Gene Wilson? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
  
  5. Do you have any knowledge of precious metals belonging to AB&C or Ronnie Gene Wilson? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
  
  6. Please list all of your family members who also invested with AB&C or Ronnie Gene Wilson:  
 \_\_\_\_\_
  
  7. How did you learn about investing with AB&C or Ronnie Gene Wilson?  
 \_\_\_\_\_  
 \_\_\_\_\_
-

8. Did you invest with AB&C directly or through another entity such as Professional Planning? If not AB&C, with whom did you invest? \_\_\_\_\_
  9. Did you claim a loss on your tax return with regard to your investment with AB&C or Ronnie Gene Wilson? \_\_\_\_Yes \_\_\_\_No If yes, please state the loss amount you claimed. \_\_\_\_\_
  10. Did you close out an account with AB&C or Ronnie Gene Wilson at any time? If yes, please explain. \_\_\_\_\_
  11. Did you ever receive any cash from AB&C or Ronnie Gene Wilson? If yes, please explain. \_\_\_\_\_
  12. Have you ever received any money from another source other than AB&C or Ronnie Gene Wilson, either during the life of the Ponzi scheme or after AB&C stopped operating, related to your investment with AB&C? If yes, please explain. \_\_\_\_\_
  13. Have you participated in any lawsuits or other legal proceedings related to this case? If yes, please provide the name and case number of the lawsuit or legal proceeding, the name of your attorney and where the lawsuit or legal proceeding is/was pending. \_\_\_\_\_
  14. Have you received any payment related to this case or another related lawsuit or legal proceeding? If yes, please list where the payment is from, the name of the lawsuit/legal proceeding, if applicable, the amount of the payment, and the date the payment was made. \_\_\_\_\_
  15. If you have retained legal representation in this matter, please provide the name, address, and telephone number of your attorney. \_\_\_\_\_
  16. Have you ever been employed by AB&C or Ronnie Gene Wilson? \_\_\_\_Yes \_\_\_\_No If yes, please explain. \_\_\_\_\_
-

# SIGNATURE PAGE

I, THE BELOW SIGNED INVESTOR(S), DO HEREBY STATE, ATTEST, AND DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL STATEMENTS MADE AND ALL DOCUMENTS PROVIDED RELATED TO MY PROOF OF CLAIM FORM ARE ACCURATE AND TRUTHFUL AND THAT I (WE) HAVE NOT RECEIVED ANYTHING OF VALUE INCLUDING, BUT NOT LIMITED TO, REMUNERATION OR PAYMENTS REGARDING THE AFORESAID CLAIM THAT ARE NOT HEREIN DISCLOSED. ADDITIONALLY, I (WE) ACKNOWLEDGE AND CONSENT TO THE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA.

Investor Name (Please Print) \_\_\_\_\_

Investor Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_\_

Investor 2 Name (Please Print) \_\_\_\_\_

Investor 2 Signature (If joint program, only) \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_/\_\_/\_\_\_\_\_

Notary Public Signature

\_\_\_\_\_ (SEAL)

Notary Public Name Typed/Printed

18 U.S.C. § 1001 states, “ (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years. (b) Subsection (a) does not apply to a party to a judicial proceeding, or that party’s counsel, for statements, representations, writings or documents submitted by such party or counsel to a judge or magistrate in that proceeding. (c) With respect to any matter within the jurisdiction of the legislative branch, subsection (a) shall apply only to—(1) administrative matters, including a claim for payment, a matter related to the procurement of property or services, personnel or employment practices, or support services, or a document required by law, rule, or regulation to be submitted to the Congress or any office or officer within the legislative branch; or (2) any investigation or review, conducted pursuant to the authority of any committee, subcommittee, commission or office of the Congress, consistent with applicable rules of the House or Senate.” See 18 U.S.C. § 1001.

Beattie B. Ashmore  
Receiver, Wilson - AB&C

24 Vardry Street, Suite #203  
Greenville, SC 29601  
Phone (864) 271-8200

Post Office Box 9019  
Greenville, SC 29604  
Fax (864) 451-7591

July 15, 2014

RE: Civil Action No.: 8:12-cv-2078-JMC

Dear Investor:

On July 30, 2012, Ronnie Gene Wilson "Wilson", owner of Atlantic Bullion & Coin, Inc. ("AB&C"), pled guilty to charges related to his orchestration of a criminal Ponzi scheme. On June 13, 2012, I was appointed by the Honorable J. Michelle Childs, United States District Court, District of South Carolina, to serve as the Receiver over Wilson, AB&C and other related and defined individuals and entities. My staff and I have been committed to locating and managing assets with the sole purpose of maximizing the return to victims of this fraudulent scheme. It is now necessary to collect and verify information to be used in calculating the loss and partial recovery to some of the victims of this criminal enterprise.

If you are receiving this letter it means you have been identified as a person who gave money to AB&C for the purposes of an investment, hereafter referred to as "investor". As a result, you MAY have a claim in this matter.

Enclosed you will find a Court-approved Proof of Claim form. This form must be completed by all potential Claimants who seek a recovery in this case and must be returned to my office on or before a postmarked date of October 15, 2014. **NO EXTENSIONS OF THIS DEADLINE WILL BE GRANTED AND YOU MUST HAVE YOUR PROOF OF CLAIM FORM SUBMITTED TO THE RECEIVER'S OFFICE BY THIS DATE TO BE CONSIDERED FOR ANY DISTRIBUTION. FAILURE TO FILE A PROOF OF CLAIM FORM BY THIS DATE WILL FOREVER BAR YOU FROM FILING A PROOF OF CLAIM FORM AND YOU WILL NEVER HAVE THE OPPORTUNITY TO RECOVER ANY LOSS AMOUNT.** Any exceptions to this deadline will only be considered for "good cause" and will require approval from the United States District Court. A potential Claimant is defined as someone who suffered a NET LOSS. NET LOSS means that the GROSS amount you invested with AB&C is greater than the amount you received as a return on your investment. Return includes ALL payments you received from AB&C or Wilson whether directly as return on investment or indirectly for other purposes (including, but not limited to commission fees). If you received a greater amount as a return than you originally invested with AB&C, you did not suffer a NET LOSS and you will not be considered a victim in this matter. Please note, having suffered a NET LOSS is not the only criteria considered for purposes of recovering funds.

Once all Proof of Claim forms have been processed, the Receiver will make a recommendation to the Court. This recommendation will be based on information submitted in the Proof of Claim form, information known by the Receiver, and other information known by or provided to the Court. Furthermore, the amount ultimately paid out to each approved Claimant will depend upon the funds available for distribution.

Due to the number of potential claims in this matter and the need to verify each claim individually, the process of collecting and verifying information to be presented to the Court will take some time. In addition, the time it takes to distribute funds will be affected by a number of factors not in my control. I assure you, however, my staff and I will work expeditiously and diligently to ensure this process moves as quickly as possible. Please read the instructions that are attached to the enclosed Proof of Claim form carefully and make every effort to write clearly. Following the instructions and providing all necessary documentation will help my staff tremendously.

My staff and I will be glad to assist you in any way possible with the questions or concerns you may have regarding the Proof of Claim form process or other matters related to this case. However, due to the large number of expected claims, please review the information available on our website ([www.receiverwilsonabc.com](http://www.receiverwilsonabc.com)) before calling the Receiver's office. We update the website regularly with useful and important information specific to this case and you may find a more timely answer to your question this way. If you still wish to contact us by phone or email, please remember to be patient, as we will make every effort to respond to your inquiry as quickly as possible.

Very truly yours,

Beattie B. Ashmore  
Receiver, Wilson-AB&C

# Instructions for Filling out the Proof of Claim Form

If you, as an individual or jointly with another, made an investment with Atlantic Bullion & Coin, Inc. (AB&C) and Ronnie Gene Wilson (“Wilson”) and you suffered a NET LOSS, you may be a potential Claimant. A potential Claimant is defined as someone who suffered a NET LOSS. NET LOSS means that the GROSS amount you invested with AB&C is greater than the amount you received as a return on your investment. Return includes ALL payments you received from AB&C whether directly as a return on investment or indirectly for other purposes (including, but not limited to commission fees). If you received an amount as return greater than you originally invested with AB&C or Ronnie Gene Wilson, you did not suffer a NET LOSS and you will not be considered a victim in this matter.

If you suffered a NET LOSS, please use the following instructions to fill out and submit the attached Proof of Claim form.

- **One Proof of Claim form is required for each investment account.** (For example, if you opened one investment account in the name of Mr. John Doe, another account in the name of John and Mary Doe, and a third account in the name of John Doe Business with AB&C, then you must fill out a separate Proof of Claim form for each investment account for a total of three Proof of Claim forms.)
- **DO NOT** send ORIGINAL documents to the Receiver unless they are specifically requested.
- **MAKE A COPY** of any and all documents, correspondence, statements, etc. regarding your association or involvement with AB&C and send them to the Receiver with this Proof of Claim form.
- **MAKE A COPY** of any and all monetary instruments, front and back, sent to AB&C for purposes of investment. Include all checks, money orders, bank transfers, wires, rollover of IRA/other retirement accounts, or other documents in your possession that would be useful in proving the amount you have invested. This may require you to visit your bank or other financial institution. **NO CLAIM WILL BE CONSIDERED FOR DISTRIBUTION WITHOUT THIS PROOF OF PAYMENT.**
- **MAKE A COPY** of any and all records indicating payments made to you and/or payments made on your behalf by AB&C. This may require you to visit your bank or other financial institution. No claim will be processed unless these records are provided. (This does not apply if you never received a payment or a payout from AB&C.)
- Each Proof of Claim form **MUST BE** notarized. Furthermore, your signature on page 4 of the Proof of Claim form indicates you are providing to the Receiver complete and accurate information under penalty of perjury. Making false statements and/or providing false documents is a criminal offense and will be referred to the U.S. Attorney’s Office for prosecution. **NO CLAIM WILL BE CONSIDERED FOR DISTRIBUTION WITHOUT THIS NOTARIZED SIGNATURE.**
- **SEND ALL** pages of the completed Proof of Claim form to the Receiver’s office at the following address:
 

**Beattie B. Ashmore, Receiver Wilson-AB&C**  
**PO Box 9019**  
**Greenville, SC 29604**  
**Attn: Proof of Claim**
- If you are filling out this Proof of Claim form on behalf of a deceased investor, YOU MUST provide documentation designating you as the Personal Representative for the estate. If the deposit was made in the form of a trust (revocable trust, living trust, family trust, etc.), please provide documentation from the trustee evidencing his/her authority to act. If you are otherwise acting on someone else’s behalf, such as by power of attorney, please provide supporting documentation. Please note, any distributions made to a deceased victim will be made payable to “The Estate” of that victim.
- All information provided will be verified by the Receiver and his staff. You will be contacted directly if additional information is required. Please advise the Receiver’s office anytime changes occur in your contact information prior to the closing of this case. It is the claimant’s responsibility to ensure that all contact information is kept current.
- Feel free to call the Receiver’s office at any time with questions – (864) 271-8200 extension 14.

**FAILURE TO PROVIDE TRUTHFUL INFORMATION, OR THE OMISSION OF INFORMATION, MAY CONSTITUTE A CRIME AND CAN SUBJECT YOU TO CRIMINAL PROSECUTION.**