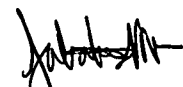


<b>United States Bankruptcy Court</b> <b>District of Delaware</b> J.L. French Automotive Castings, Inc c/o BMC Group, Inc 18750 Lake Drive East Chanhassen, MN 55317		<b>PROOF OF CLAIM</b>
In re (Name of Debtor) <b>J.L. French Automotive Castings, Inc</b>		Case Number <b>09-12445</b> (Jointly Administered)
NOTE: This form should not be used to make a claim for and administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Travelers Indemnity Co. &amp; its Affiliates</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should be Sent <b>Travelers</b> <b>One Tower Square, 5MN</b> <b>Hartford, CT 06183</b> <b>Attn: Olga Gold</b>		
Telephone No. (860) 277-2702		
ACCOUNT OR OTHER NUMBER BY WHICH THE CREDITOR IDENTIFIES THE DEBTOR <b>Customer number: 8952K9109</b>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed Check here if this claim <input type="checkbox"/> is the result of a transfer
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <b>Commercial Insurance</b> <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) <b>Commercial Insurance</b>		
2. DATE DEBT WAS INCURRED 4/1/1993-4/1/1994 and 4/1/2005 to the present		
3. IF COURT JUDGMENT, DATE OBTAINED:		
4. CLASSIFICATION OF CLAIM. Under the bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<input checked="" type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other (Cash)		
Amount of arrearage and other charges at time case filed included in secured claim above, if any _____		
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured and there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM		
Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950),* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. §(a)(1) (A) or (a) (1)(B). <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use- 11 U.S.C. § (507)(a)(7) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child- 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units- 11 U.S.C. § 507 (a)(8) <input checked="" type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507 (a)(2) _____ <b>Post-Petition Insurance</b> _____		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>unliquidated</b> (Total)         </div>
**** <b>\$3,856,889</b> **** (Unsecured) (Secured) (Priority)		
<input type="checkbox"/> Check this box if claim includes charges in addition to the principle amount of the claim. Attach itemized statement of all additional charges. *please see attached		
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. *please see attached		
Date <b>9/8/2009</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)   <b>Salvatore Marino</b> <b>Case Manager</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

JL French Auto Castings



00166

**Attachment to Proof of Claim of The Travelers Indemnity Company and Affiliates in the Chapter 11 Case of J.L. French Automotive Castings, Inc., et al. ("Debtor"), Case No 09-12445 .**

The Travelers Indemnity Company and its affiliates provided certain worker's compensation, automobile liability and general liability insurance coverage as described below for the periods April 1, 1993 through April 1, 1994 and April 1, 2005 through the present.

**Insurance Coverage**

Travelers issued certain workers' compensation, automobile liability and general liability policies providing coverage for the Debtor, J.L. French Automotive Castings, Inc. and J.L French Corp, in various states. Travelers investigates, administers, defends, litigates, settles, and pays all claims for covered occurrences. Certain policies in the insurance program are loss sensitive, that is, premium payments reflect the actual experience of the insureds. Actual premiums due are then determined by actual losses and expenses and reimbursement of deductible amounts.

**Claim Amount**

As discussed above, the Debtor's Obligations to Travelers are subject to adjustment because, among other things, certain Obligations are affected by the Debtors claims and loss experience. Further, and as authorized, the Debtor continues to perform, in part, under the program. Therefore, it is premature to calculate the amount of Travelers claim. Travelers reserves its right to amend its claim.

### **Administrative Expense**

A portion of Travelers claim may be entitled to priority as administrative expense under Bankruptcy Code sections 507(a)(2) for insurance coverage provided on or after the commencement of the Debtor's bankruptcy cases.

### **Collateral**

A Letter of Credit #3088292 in the amount of \$1,450,000 issued by Bank of America back the Debtor's Obligations to Travelers. Travelers also holds \$2,406,889 Daily Funding Deposits as partial collateral for the Obligations of the Debtor's insurance program.

### **Documents**

The documents supporting Travelers claims are voluminous and are available upon request. Please see the attached Schedule A for a list of the policies and issued by Travelers in connection with the Debtor's insurance program. The list of policies may be incomplete and is subject to amendment by Travelers.

**SCHEDULE A**  
**J.L. FRENCH AUTOMOTIVE CASTINGS, INC.**  
**SUMMARY OF POLICY YEARS, POLICY NUMBER, AND LINES OF INSURANCE**

<i>Policy Year</i>	<i>Policy Number</i>	<i>Line</i>
4/1/2005-4/1/2006	118D1401	AUTOMOBILE LIABILITY
	118D1394	GENERAL LIABILITY
	118D1382	WORKER'S COMPENSATION
4/1/2006-4/1/2007	118D1401	AUTOMOBILE LIABILITY
	118D1394	GENERAL LIABILITY
	118D1382	WORKER'S COMPENSATION
4/1/2007-4/1/2008	118D1401	AUTOMOBILE LIABILITY
	118D1394	GENERAL LIABILITY
	118D1401	AUTOMOBILE LIABILITY
4/1/2008-4/1/2009	118D1382	WORKER'S COMPENSATION
	118D1401	AUTOMOBILE LIABILITY
	118D1394	GENERAL LIABILITY
4/1/2009-4/1/2010	118D1382	WORKER'S COMPENSATION
	118D1394	GENERAL LIABILITY
	118D1401	AUTOMOBILE LIABILITY

**SCHEDULE A  
J L FRENCH CORP  
SUMMARY OF POLICY YEARS, POLICY NUMBER, AND LINES OF INSURANCE**

<i>Policy Year</i>	<i>Policy Number</i>	<i>Line</i>
4/1/1993-4/1/1994	267J4059	WORKER'S COMPENSATION
	267J4441	WORKER'S COMPENSATION
	267J4011	LIABILITY



**Olga Gold**

Case Manager  
Travelers  
Account Resolution

(860) 277-7971  
(860) 277-2158 (fax)

One Tower Square, 5MN  
Hartford, CT 06183

September 8, 2009

J.L French Automotive Castings, Inc  
c/o BMC Group, Inc  
18750 Lake Drive East  
Chanhassen, MN 55317

**RE: J.L. French Automotive Castings, Inc Case # 09-12445**

Enclosed you will find the Proof of Claim for the above entity with the appropriate supporting documentation regarding the captioned bankruptcy. Also included is a separate copy of the Proof of Claim for purposes of acknowledgment.

Your attention to the filing of our claim will be appreciated and for your convenience in acknowledging the filing I have enclosed a self-addressed prepaid envelope. Please date stamp the duplicate and return to my attention at the following address:

**Travelers  
One Tower Square – 5MN  
Hartford, CT 06183  
Attn: Olga Gold**

Thank you for your anticipated cooperation.

Very truly yours,

**Olga Gold  
Case Manager**

CC: Mary Duffy Boardman- Travelers  
Curtis A. Hehn-Debtor's attorney