

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s5979
Amount/Classification
UNKNOWN Unsecured Unliquidated

NOTE This form should not be used to make a claim for an 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

- 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
- Check box if you have never received any notices from the bankruptcy court in this case
- Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, you must file a proof of claim

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address
 08111832011226
FOX PHILLIP
2 BONNIE LN
GLASGOW MT 59230-2822

Creditor Telephone Number (406) 728-8450
Creditor Federal Tax ID
382-44-1106

Account Or Other Number By Which Creditor Identifies Debtor

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U S C § 1114(a)
- Wages salaries and compensation (Fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ 126/month (unsecured priority) \$ _____ (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle

Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

7 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 126/month

Specify the priority of the claim

Wages salaries or commissions (up to \$4 925)* earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)

Contributions to an employee benefit plan 11 U S C § 507(a)(4)

Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)

Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

Other Specify applicable paragraph of 11 U S C § 507(a) (____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

6 UNSECURED NONPRIORITY CLAIM \$ _____

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, on January 18, 2005 for Non-Government Claimants OR on or before April 7, 2005 for Governmental Units

BY MAIL TO
Oxford Automotive Inc
c/o BMC Group
PO Box 977
El Segundo CA 90245-0977

BY HAND OR OVERNIGHT DELIVERY TO
Oxford Automotive Inc
c/o BMC Group
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

DEC 29 2004

BMC
Oxford Automotive Inc

00049

DATE SIGNED 12-22-04

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)
Phillip I Fox

Date. September 28, 1978

From

The Lobdell-Emery Mfg Company
Hourly Employees' Retirement Income Plan
Pension Committee
c/o P O Box 589
Alma, Michigan 48801

NOTIFICATION OF ELIGIBILITY FOR DEFERRED WITHDRAWAL PENSION

To Philip L. Fox (382-44-1106) Date of Birth: 2-21-45

You have completed at least ten years of service for eligibility and 13 & 8/12 years of credited service

You are eligible for a monthly benefit for life beginning at age 62 in the amount of \$126.42. Your benefit calculation is as follows 13 & 8/12
(years of credited service) x \$9.25 (benefit level in effect on your last day worked) = \$126.42. This is a vested benefit. If you wish payments to begin before your 62nd birthday but after your 57th birthday, you may elect to receive this benefit in a reduced amount for life.

If you have a spouse to whom you have been married for at least one year at the time your benefit payments start, your benefit will be reduced to provide your spouse with 55% of the benefit you will receive if you die before your spouse does. THIS BENEFIT IS NOT EFFECTIVE UNTIL YOU START YOUR BENEFIT PAYMENTS. You may choose at the time you file your application not to have your benefit reduced and provide your spouse with no benefits after you die.

YOU MUST APPLY FOR THIS BENEFIT TO BEGIN

When you apply at the above address, be prepared to provide proof of your birth date and your spouse's birth date, if you have a spouse at that time.

No benefits to you or your spouse will be payable or due until you apply. No benefits to you or your spouse will be payable or due in any event before your 57th birthday.

If you die before your benefit payments start, no benefit of any kind is payable to or is due to your spouse or your beneficiaries.

Very truly yours,

PENSION COMMITTEE

By 

By _____



May 14, 2001

Phillip L Fox
2 Bonny Lane
Glasgow, MT 59230

Dear Mr Fox,

The pension will continue to be funded and you are eligible to draw your pension at a reduced rate at age 57

If you have any further questions, please do not hesitate to give me a call

Sincerely,

A handwritten signature in cursive script that reads "Daun Antes".

Daun Antes
Human Resource Assistant
989-463-2268, ext 193

STATEMENT OF INSURANCE
ÆTNA LIFE INSURANCE COMPANY
HARTFORD CONNECTICUT

Records maintained by the Insurance Company under Group Policy T- 53233 and issued to

THE LOBDELL-EMERY MFG COMPANY

show the following as of the date indicated:

DATE	NAME (LAST -FIRST OR INITIAL)	CERTIFICATE NUMBER	TOTAL PAID-UP INSURANCE PURCHASED	TOTAL CONTRIBUTIONS CREDITED
10- 1-65	FOX PHILIP L	1982	\$ 116.48	\$ 28.60

We have been notified by your employer that you are no longer contributing for Group Paid-up Insurance. The terms of the Group Life policy provide that the Paid-up Insurance already purchased by your contributions will remain in force without payment of further premium. After your employment has terminated you will receive a special certificate which describes this Paid-up coverage in greater detail. The Paid-up Insurance may be surrendered at any time thereafter for its cash surrender value. Even though no cash value is available until your employment has terminated your Paid-up Insurance protection will continue in full force and effect in the meantime.

You should keep this statement and your group insurance certificate with your other valuable papers and documents so that they will not be lost or mislaid.

GROUP PAID-UP INSURANCE DEPARTMENT

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

Just come across
this in my files.
1/25/04

In re:
OXFORD AUTOMOTIVE, INC.,¹

Debtor.

Case No. 04-74733-SWR
Chapter 11
(Jointly Administered)
Hon. Steven W. Rhodes

NOTICE OF EXTENSION OF BAR DATE TO FILE PROOFS OF CLAIM

On December 17, 2004, the Debtors mailed to you a Notice of Deadlines to File Proofs of Claim ("Notice"), along with a Proof of Claim form that notified you of various important deadlines established by the Court in this case. The Notice advised you, among other things, that the Bankruptcy Court had established a bar date for creditors and parties in interest to file proofs of claims and interest.

The bar date established by the Court to file proofs of claim was January 18, 2005. **THIS BAR DATE HAS BEEN EXTENDED BY THE COURT TO FEBRUARY 1, 2005.**

IF YOU HAVE ALREADY FILED PROOF(S) OF CLAIM IN THESE CASES, YOU DO NOT NEED TO RESUBMIT YOUR CLAIM(S) AND MAY IGNORE THIS NOTICE.

IF YOUR CLAIM IS SCHEDULED AS "DISPUTED, CONTINGENT OR UNLIQUIDATED," OR IF YOU DO NOT AGREE WITH THE AMOUNT IN WHICH YOUR CLAIM HAS BEEN SCHEDULED BY THE DEBTORS, YOU MUST FILE A PROOF OF CLAIM SUCH THAT IT IS RECEIVED BY THE DEBTORS' CLAIMS AGENT BY FEBRUARY 1, 2005 IN ORDER TO PARTICIPATE IN A DISTRIBUTION FROM THE ESTATE.

IF YOUR CLAIM HAS BEEN PROPERLY SCHEDULED BY THE DEBTORS IN AN AMOUNT THAT YOU AGREE WITH, YOU DO NOT HAVE TO FILE A CLAIM.

Proofs of Claim sent by regular U.S. Mail shall be sent to Oxford Automotive, Inc., et al., c/o The BMC Group, Inc., P.O. Box 977, El Segundo, CA, 90245-0977. Proofs of Claim sent by messenger or overnight courier shall be sent to Oxford Automotive, Inc., et al., c/o The BMC Group, Inc., 1330 E. Franklin Ave., El Segundo, CA. 90245.

If you did not receive the Notice or have any additional questions, they should be directed to The BMC Group, Inc., by visiting the Oxford Automotive Bankruptcy Website at www.bmccorp.net/oxauto or by calling The BMC Group, Inc. at 888.909.0100. In addition, Proof of Claim forms are available in the clerk's office of the bankruptcy court, and can also be downloaded from the following websites:

www.mieb.uscourts.gov

AND

www.bmccorp.net/oxauto

¹ The Debtors in this case are Oxford Automotive, Inc., CE Technologies, Inc., Howell Industries, Inc., Lobdell Emery Corporation, OASP II, Inc., OASP, Inc., Oxford Automotive Alabama, Inc., Oxford Suspension, Inc., Prudenville Manufacturing, Inc., RPI Holdings, Inc., RPI, Inc. and Tool and Engineering Company, as debtors and debtors-in-possession.