

**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 s3142
Amount/Classification
Priority 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
**ROUTHEAUX DOUGLAS
5744 E BROADWAY RD
MT PLEASANT MI 48858-8936**

Creditor Telephone Number (989) **773-4595**
Creditor Federal Tax ID **374-54-7553**
Account Or Other Number By Which Creditor Identifies Debtor

Check here replaces if this claim 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)
VACATION PAY - PER CONTRACT - (ENCLOSED)
- 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) **\$ 14.86 per HR For \$ 2,378.00 PLUS 401K**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. **(4) FOUR WEEKS =** (Total) **ROLLOVER**

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 \$ _____
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) **401K**
 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
JAN 03 2005

BMC
Oxford Automotive, Inc



00062

DATE SIGNED

12/30/04

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)

Douglas M. Routheaux
Douglas M. Routheaux

Leave Sick and Accident Benefits will not be paid while employee is on leave but will commence once leave has expired

(e) Family Leave of Absence (FMLA) Family leaves of absence without pay are provided to active eligible employees who request time off from work to fulfill family obligations relating directly to childbirth adoption placement of a foster child or to care for a child spouse or parent with a verified serious health condition. Eligible employees must have completed at least one year of service and worked at least 1250 hours over the previous 12 months. Maximum leave is 12 weeks within any 12 months. Accrued vacation time must be used first. Health insurance benefits are provided for the full period of the approved leave subject to provisions of the benefit plan. Holidays are not paid while on Family Leave.

Requestis must be made to the Human Resource Office at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events. Employees are required to notify the Company at least two weeks prior to returning to work. When leave is based on the employee's own serious health condition, medical certification of ability to resume work will be required.

When a family leave ends, the employee will be returned to their department and shift if the job is available. If not available, the employee will be placed in accordance with their seniority. Seniority will accumulate during the period of leave of absence.

SEC 2 An employee elected to a Federal State County Township or City Office shall be granted a leave of absence for their first term of office. Such employees shall retain but not accumulate seniority while on leave of absence.

SEC 3 Sick leaves will be granted but employees must furnish the Human Resources Department with medical verification within (10) working days from the commencement of disability or upon returning to work whichever is sooner. If such verification is not submitted within ten (10) working days the Union will be notified and then the provisions of Article III Sec 14 (c) will apply.

ARTICLE XIII - VACATIONS WITH PAY

SEC 1 The number of hours of vacation time off and pay allowance to which an eligible employee shall be entitled shall be based on the employee's seniority as of January 1st of each year and the number of pay periods during which he has worked in his eligibility year. An eligible employee who has worked at least 26 pay periods in his eligibility year shall be entitled to the following vacation time off and pay allowance:

CHART A

<u>For an Eligible Employee with Seniority of</u>	<u>Hours of Full Vacation Pay Allowance</u>
Less than one year	40 based on pay periods shown in Chart B*
One but less than three years	40
Three but less than ten years	80
Ten but less than fifteen years	120
Fifteen or more years	160

*An eligible employee who has worked less than 26 weeks shall be entitled to a percentage of the full

vacation time off and pay allowance credit shown based on number of pay periods he works in his eligibility year in accordance with the following

CHART "G"

<u>Pay Periods Worked</u>	<u>Percentage of Vacation Pay Allowance Credit</u>
26	100%
25	96
24	92
23	88
22	84
21	80
20	76
19	73
18	69
17	65
16	61
15	57
14	53
13	50

Vacation paychecks will be paid to the employee by February 1st of each year unless employee requests before December 15th of the previous year in writing that their vacation check be held until time of vacation. Employees being paid for their vacation as they take it will be paid in the increments that it is being taken. Vacation time can be taken in ½ day increments (see Sec 7 of this Article). Employees being paid for their vacation time as they take it and with remaining vacation time left at the end of the year will receive a lump sum payment (minus applicable taxes and deductions) on or before February 1st.

SEC 2 An employee shall become eligible for

a vacation pay allowance provided he has worked at least thirteen (13) pay periods during his eligibility year. The eligibility period will be the preceding calendar year in which the vacation is to be granted. A pay period is a week in which an employee performs work for the Company. Time off because of compensable injury or disease occurring after July 15 1971 will be counted as time actually worked for the purpose of computing eligibility requirements but not to exceed 24 months.

SEC 3 Vacation pay allowance in each year shall be calculated on the basis of the employee's average rate of pay not including overtime and night shift premium, in his eligibility period.

SEC 4 Employees entering military service shall receive vacation pay at the time of leaving under the provisions and rates set forth above in Section 1.

SEC 5 Any employee who may have quit or been discharged for cause and not reinstated before December 31 1971, or any year thereafter shall not be entitled to any vacation pay except employees retiring prior to December 31st will receive vacation pay based on the earnings during the year of retirement at the time of retirement. In the event of death prior to retirement payment of vacation pay will be made to the beneficiary as stated on his life insurance enrollment card.

SEC 6 Vacations shall as far as possible be granted at the time most desired by employees but final right of allotment of vacation periods is reserved exclusively by the Company in order to insure the orderly operation of the plant. Where conflicts occur they shall be decided on the basis of seniority among contending parties on their shift. The Company will not limit the number of eligible employees who may



win!
to track four way

OXFORD AUTOMOTIVE, INC. HOURLY SAVINGS PLAN

DOUGLAS M ROUTHEAUX

Account Statement

For Period 10/01/2004 through 10/28/2004

How do I invest? Start by being an informed investor. Look at your asset allocation - how you choose to invest your money among the different asset classes such as cash equivalents, bonds and stocks. The right asset allocation not only helps balance risk and return but also can help you decide your investing strategy. Visit Retire.53.com to learn more about asset allocation.

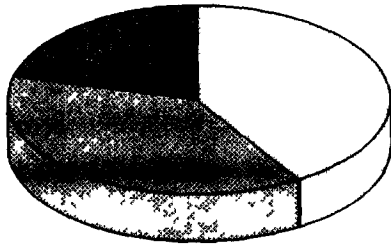
Beginning Balance	\$21,398 66
Contributions & Other Credits	205 07
Gains/(Losses)	390 65
Distributions & Other Debits	0 00
Ending Balance	\$21,994 38

ACTIVITY SUMMARY

SUMMARY	BEGINNING BALANCE	CONTRIBUTIONS & OTHER CREDITS	GAINS/ (LOSSES)	DISTRIBUTIONS & OTHER DEBITS	ENDING BALANCE	VESTED PERCENT	VESTED BALANCE
EMPLOYEE 401(K) PRE TAX	17,071 54	164 05	311 67	0 00	17,547 26	100 00%	17 547 26
EMPLOYER MATCH	4,327 12	41 02	78 98	0 00	4,447 12	100 00%	4 447 12
	\$21,398 66	\$205 07	\$390 65	\$0 00	\$21,994 38		\$21,994 38

ASSET ALLOCATION SUMMARY

BALANCES AS OF 10/28/2004	FUND CLASS / NAME	BALANCES AS OF 10/28/2004	BALANCES AS % OF TOTAL	INVESTMENT ELECTIONS
	OTHER (100%)			
	<input type="checkbox"/> FIFTH THIRD BALANCED FUND	8 998 13	40 91%	40%
	<input type="checkbox"/> FIFTH THIRD QUALITY GROWTH FD	8 298 21	37 73%	40%
	<input checked="" type="checkbox"/> AMER CENT INTL EQTY GRTH	4 698 04	21 36%	20%
	TOTAL	\$21,994 38	100 00%	100%



INVESTMENT SUMMARY

ACCOUNT ACTIVITY	BEGINNING BALANCE	CONTRIBUTIONS & OTHER CREDITS	GAINS / (LOSSES)	DISTRIBUTIONS & OTHER DEBITS	FUND TRANSFERS	ENDING BALANCE	CLOSING SHARE PRICE	NUMBER OF SHARES
FIFTH THIRD BALANCED FUND	8,835 13	82 02	80 98	0 00	0 00	8 998 13	12 18	738 7632
FIFTH THIRD QUALITY GROWTH FD	8,036 87	82 05	179 29	0 00	0 00	8,298 21	14 80	560 6903
AMER CENT INTL EQTY GRTH	4,526 66	41 00	130 38	0 00	0 00	4,698 04	8 25	569 4592
Total	\$21 398 66	\$205 07	\$390 65	\$0 00	\$0 00	\$21 994 38		