

**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 **s3344**
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.

Name of Creditor and Address
 **08111832008509**
TURPIN KEITH
7265 HIGHWAY 337 NW
DEPAUW IN 47115-8554

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

Creditor Telephone Number **(812) 347-3268**
Creditor Federal Tax ID
Account Or Other Number By Which Creditor Identifies Debtor
EIN 38-0768460 #001

Check here replaces or amends a previously filed claim dated _____ if this claim

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

2 DATE DEBT WAS INCURRED **VESTED 3-31-2001** **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ **SEE ATTACHED** (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 \$ _____
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 if 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 10 2005
BMC
Oxford Automotive, Inc

00220

DATE SIGNED: **1-5-05**
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):
Keith B. Turpin KEITH B. TURPIN



**Lobdell Emery Corporation Salaried Employees' Retirement Income Plan
Pension Benefit Statement as of 3/31/2001**

Name	KEITH B TURPIN	SS#	315-56-9579
Address	7265 HWY 337 NW DEPAUW, IN 47115	Birth Date	11/13/1951
		Original Hire Date	10/13/1988
		Salaried Hire Date	12/05/1988

Credited Service	12 333 years
Monthly Compensation History	
2000	\$ 3,241 77
1999	2,918 52
1998	2,730 35
1997	2,490 80
1996	2,248 25
Final Average Monthly Compensation	2,725 94

Vesting:
To be 100% vested in your pension benefit, you must have at least five years of vesting service with Oxford Automotive or one of its affiliates. As of March 31, 2001, you are 100% vested in your accrued benefit.

Your accrued benefit payable during your lifetime, with five years guaranteed starting at age 65, is \$504 29 per month. In accordance with Plan provisions, you may also take your benefit in one of the optional forms of payment offered by the Plan and, if you had at least 10 years of Credited Service with the Company on March 31, 2001, you may elect to receive a monthly benefit before age 65.

The benefits shown on this statement are estimates. Your actual pension will be calculated when you terminate employment or retire and may be different than the amount shown on this statement.

If you have elected to be covered by the pre-retirement death benefit offered by the Plan, your accrued benefit will be reduced for the cost of this coverage. This statement does not reflect benefits earned as an hourly employee.

This statement is based on actual Company records and is subject to correction for any errors in the records or otherwise. In the event of a discrepancy, the Plan document shall control a final determination concerning benefits under the Plan. The Company reserves the right to end, suspend or amend the Plan at any time, in whole or in part.

Should you have any questions or wish to correct any of the personal data listed above, please contact Human Resources.

SUMMARY ANNUAL REPORT
FOR LOBDELL EMERY CORPORATION SALARIED
EMPLOYEES RETIREMENT INCOME PLAN

This is a summary of the annual report for the LOBDELL EMERY CORPORATION SALARIED EMPLOYEES RETIREMENT INCOME PLAN, EIN 38-0768460, Plan No 001, for the period October 1, 2002 through September 30, 2003. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$1,367,040. These expenses included \$182,309 in administrative expenses and \$1,184,731 in benefits paid to participants and beneficiaries. A total of 435 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$17,012,516 as of September 30, 2003, compared to \$15,757,627 as of October 1, 2002. During the plan year the plan experienced an increase in its net assets of \$1,254,889. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$2,621,929 including earnings from investments of \$2,621,929.

Minimum Funding Standards

An actuary's statement shows that enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1 an accountant's report,
- 2 financial information and information on payments to service providers,
- 3 information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates, and
- 4 actual information regarding the funding of the plan.

To obtain a copy of the full annual report, or any part thereof, write or call Lobdell Emery Corporation, PO Box 129, 520 Republic Avenue, Alma, MI 48801-0129, (989) 463-3151.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the

full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report

You also have the legally protected right to examine the annual report at the main office of the plan (Lobdell Emery Corporation, PO Box 129, 520 Republic Avenue, Alma, MI 48801-0129) and at the U S Department of Labor in Washington, D C , or to obtain a copy from the U S Department of Labor upon payment of copying costs Requests to the Department should be addressed to Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U S Department of Labor, 200 Constitution Avenue, N W , Washington, D C 20210

PLEASE NOTE NEW ADDRESS

Lobdell Emery Corporation
C/O Oxford Automotive, Inc
5750 New King Street, Suite 200
Troy, MI 48098
248/577-1400
