

**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 s2913
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

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
 08111832008081
MIKESKA FRANK
395 S HARRISON DR
CORYDON IN 47112-1729

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

Creditor Telephone Number **612 738-3746**

Creditor Federal Tax ID
Complete

Account Or Other Number By Which Creditor Identifies Debtor
**Retirement Plan
EIN-38-0768460**

Check here replaces or amends a previously filed claim dated _____

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 # **SEE ATTACHED**
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED **ON-GOING**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
 \$ _____ (unsecured) \$ _____ (secured) \$ **SEE ATTACHED** (unsecured priority) \$ **SEE ATTACHED** (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 \$ **SEE ATTACHED STATEMENT**
 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

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 19 2005
BMC

DATE SIGNED
1/10/05

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)
Frank M. Mikeska

Oxford Automotive Inc


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

In re)	Chapter 11
)	
OXFORD AUTOMOTIVE, INC , <u>et al</u> ,¹)	Case No 04-74377
)	(Jointly Administered)
Debtors)	
)	Honorable Steven W Rhodes
)	

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1007-1(c)

TO ALL PARTIES ON THE ATTACHED NOTICE LIST

Your claim has been scheduled by one of the above-captioned debtors and debtors in possession as disputed, contingent or unliquidated Therefore, your claim is **not** deemed allowed If you choose to file a proof of claim, the deadline for doing so is **January 18, 2005**

Dated December 17, 2004

Respectfully Submitted,

PEPPER HAMILTON LLP



I William Cohen (P12016)
Hannah J Mulson (P67171)
100 Renaissance Center, Suite 3600
Detroit, Michigan 48243-1157
Telephone 313 259 7110
Facsimile 313 259 7926

*Proposed Attorneys for Debtors and
Debtors in Possession*

¹ The Debtors are the following entities Oxford Automotive Inc , Oxford Automotive Alabama, Inc , Lobdell Emery Corporation, Howell Industries, Inc , Oxford Suspension Inc , RPI Holdings Inc , Prudenville Manufacturing Inc , RPI Inc , OASP Inc , OASP II, Inc CE Technologies Inc and Tool and Engineering Company

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 actuarial 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

Accrued Basic Benefit	Surviving Spouse Option Factor	Surviving Spouse Option Benefit
\$250 00	x 88 92%	= \$222 30

In this example you would receive \$222 30 per month for life, and following your death, your spouse would receive 55% of your benefit, or \$122 27 per month for as long as he or she lives

If your spouse should die before, there would be no survivor benefits payable following your death

Q 8 HOW MUCH WILL MY PENSION BE IF I RETIRE EARLY?

If you retire early, your Accrued Basic Benefit is reduced by 5/9th of 1% for each month you are under age 62 (65 for deferred vesteds) when you start receiving benefits. This reduction is necessary because your monthly benefits will be paid over a longer period of time. The following table shows examples of the percentage of benefit payable to you at some sample retirement ages

Your Age At Benefit Commencement	Early Retirement Factor
65	100 00%
64	100 00%
63	100 00%
62	100 00%
61	93 33%
60	86 67%
59	80 00%
58	73 33%
57	66 67%

The example below shows how your Accrued Basic Benefit is adjusted for Early Retirement

EXAMPLE Your Accrued Basic Benefit = \$250 00
Your Age At Benefit Commencement = 60

Accrued Basic Benefit	Early Retirement Factor	Early Retirement Accrued Basic Benefit
\$250 00	x 86 67%	= \$216 68

As with Normal Retirement, your monthly benefit would depend on your form of benefit payments. The adjustment for the form of benefit payments would be calculated in the same manner as a Normal Retirement but would be based on your age, and your spouse's age, when benefit payments commence

You should also note that you may elect Early Retirement and defer the commencement of your benefit payments to a later date. For example, you could retire at age 60 and elect to defer commencement of benefit payments to age 62. This would not cause a reduction in your benefits, as you had not started receiving them early

Q 9 WHAT IF I BECOME DISABLED?

If you have 15 or more years of Credited Service and you become permanently and totally disabled prior to your Normal Retirement Date, you will be eligible for a monthly Disability Benefit commencing on the first day of the month following the later of (i) 6 months of disability measured from your last day worked, or (ii) the date you receive (or could receive, if you applied for) your last payment under any temporary disability program to which the Employer has contributed. In addition, you must qualify for Social Security Disability

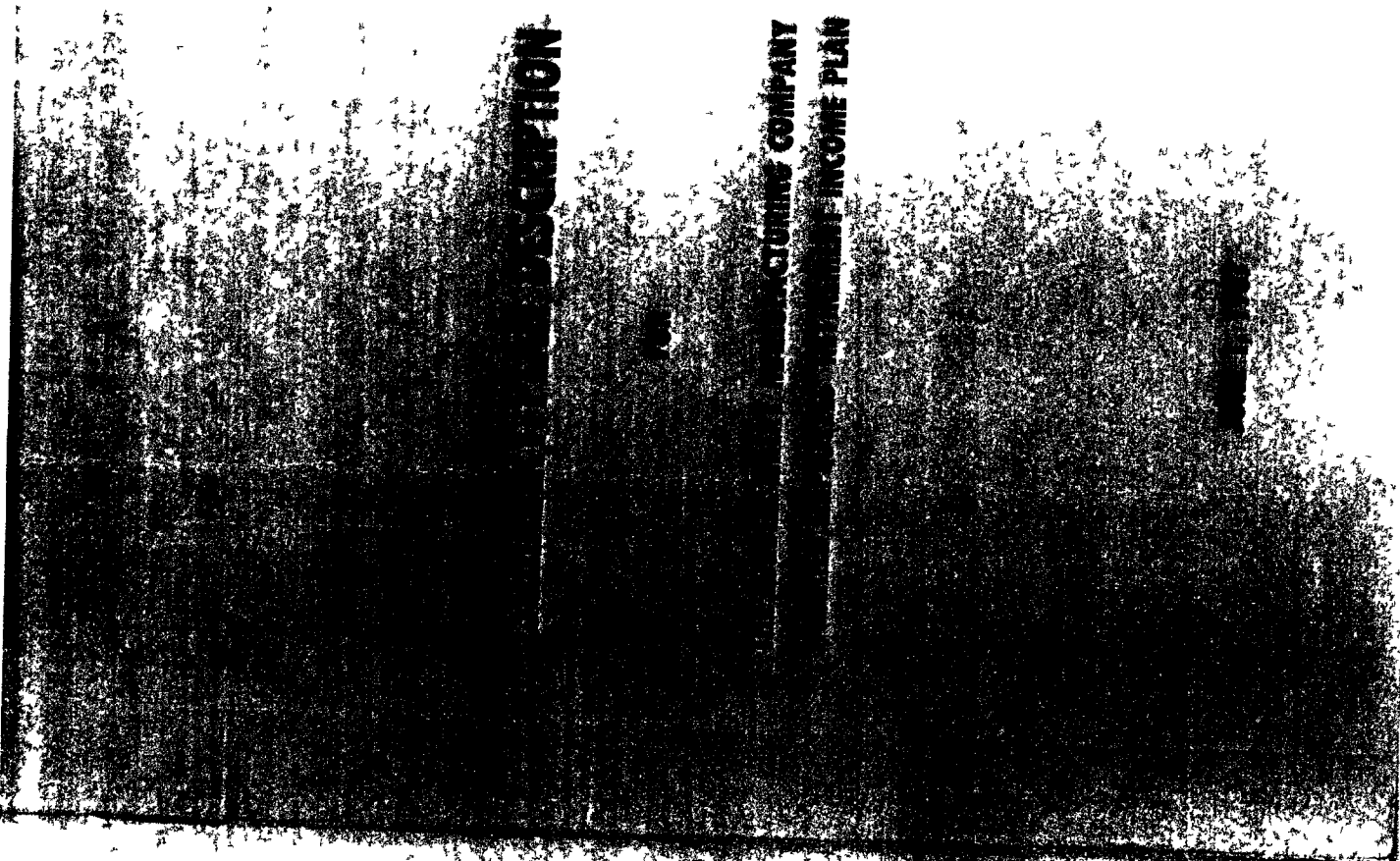
Your Disability Benefit will be paid in the form of a Life Annuity Option if you are single, or a 55% Surviving Spouse Option if you are married (unless you elect the Life Annuity Option with your spouse's consent). The Surviving Spouse Option will apply to your benefits in similar manner as to Normal or Early Retirements, provided however, that

- o If you should die prior to age 57, benefit payments to your spouse will commence on the first day of the month following which your 57th birthday would have occurred and be subject to an eight year reduction

TAKEN FROM SUMMARY PLAN DESCRIPTION

DESCRIPTION

INSURANCE COMPANY
INVESTMENT INCOME PLAN



Frank J Mikeska
395 S Hamsson Dr
Corydon, In 47112



January 12, 2005

Clerk of Bankruptcy
United States Bankruptcy Court
Eastern District of Michigan
Southern Division
211 West Fort Street
Detroit, Michigan 48226

RE FILE NO 04-74377 - CLAIM NO s2913

Dear Sir or Madam

Please refer to my enclosed claim # s2913 as a result of Oxford Automotive, Inc filing Chapter 11

If there are any questions the best way to reach me is at 812-738-3746

Best Regards,

A handwritten signature in cursive script that reads "Frank J Mikeska".

Frank J Mikeska
Project Engineer
Oxford Automotive, Inc

Enclosures