


UNITED STATES BANKRUPTCY COURT <u>EASTERN</u> DISTRICT OF <u>MICHIGAN</u>		PROOF OF CLAIM
Name of Debtor OXFORD AUTOMOTIVE INC		Case Number 04-74377
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 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) MICHAEL E. REGINA SR		<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 MICHAEL E. REGINA SR 7922 SPINOSA CT SARASOTA, FL 34241		
Telephone number 941 926-0095		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input checked="" type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> 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 ONGOING		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		7 Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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 USC § 507(a)(3) <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal, family or household use - 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse former spouse or child - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 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 Claims <input checked="" type="checkbox"/> 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.		THIS SPACE IS FOR COURT USE ONLY
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		RECD JAN 20 2005 Oxford Automotive Inc  00634
Date 1/12/2005	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) MICHAEL E. REGINA	

ATTACHMENT TO PROOF OF CLAIM
OXFORD AUTOMOTIVE, INC
BANKRUPTCY COURT FILE NO 04-74377, CHAPTER 11
LOBDELL EMERY CORPORATION
BANKRUPTCY COURT FILE NO 04-74386, CHAPTER 11
CLAIMANT-Michael E Regina Sr
DATE OF CLAIM-JANUARY 12, 2005

The undersigned Michael E Regina Sr , in good faith, believes that he has inchoate, indeterminable unliquidated claims, both priority and non-priority in the following matters

- 1 Bankruptcy Code Section 507 (a) (4) claim and related code sections arising from contributions to an employee benefit plan Amount indeterminable
- 2 Bankruptcy Code Section 507 (a) (3 (A) claims arising from unpaid vacation pay et al
- 3 Potential inchoate claim from unfunded and or under-funded retirement and related plan benefits due and unpaid from the above debtor Amount indeterminable
- 4 Other claims that may exist that may be discovered during the pendency of this bankruptcy petition that are due and owing to future retirees or existing retirees et al


Michael E Regina Sr


Date

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1 From **[REDACTED]**
Date **1/18/05**

Sender's Name **USBC E D OF MICHIGAN** Phone **313 234 0073**

Company **CREG GRESCHAK**

Address **1300 E FRANKLIN AVE**

City **EL SEGUNDO** State **CA** ZIP **90245**

2 Your Internal Billing Reference **OXFORD #R1**

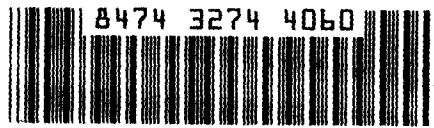
3 To Recipient's Name **LISA RUPPNER** Phone **REGD 321-554-475**

Company **BMC CORP (DAN RIVER)** **JAN 20 2005**

Recipient's Address **1300 E FRANKLIN AVE** **BMC**

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4b Express Freight Service Packages over 150 lbs

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Call for Confirmation
 Packaging Declared value limit \$500
 FedEx Envelope* FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, FedEx Sturdy Pak FedEx Box FedEx Tube Other

6 Special Handling To be used if address in Section 3

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 HOLD Weekday at FedEx Location Not available for FedEx First Overnight
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Does this shipment contain dangerous goods? (One box must be checked)
 No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required Dry Ice Dry Ice 9 UN 1845 _____ kg
Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging Cargo Aircraft Only

Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below Obtain Recipient's Auth. No.
 Sender (Print No. in Section 1 with "Bill to") Recipient Third Party Credit Card Cash/Check

Total Packages	Total Weight	Total Declared Value†	Total Charges
		\$ 00	
†Our liability is limited to \$100 unless you declare a higher value. See back for details.			Credit Card Auth

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
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