

In re
Lobdell Emery Corporation

Case Number
04-74386

NOTE See Reverse for List of Debtors and Case Numbers

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

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again

Name of Creditor and Address



Raymond Morrow
10575 N Bollinger Rd
Vestaburg MI 48891-9775

08111833004154

Creditor Telephone Number ()

Creditor Federal Tax ID

38-0768460

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)
*Life Insurance (5000)
Health Insurance*
- Retiree benefits as defined in 11 USC § 1114(a) *(Pension) Disability Retirement & Medicare Premium Reimbursement Retiree Survivor Benefits*
- 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

Pension 11/1/1948

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured) \$ _____ (secured) \$ *unknown* (unsecured priority) \$ *unknown* (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 charge

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) *Retirement benefits*

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
FEB 01 2005
BMC

Oxford Automotive Inc



01658

DATE SIGNED

1-27-05

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)

Raymond C Morrow



APPLICATION FOR RETIREMENT

Date October 30, 1998

I hereby apply for the following pension benefit per the provisions of the Lobdell Emery Corporation, Alma Hourly Employees' Retirement Income Plan:

Type of Retirement: Disability Retirement

Clock No & Name. 547 - Raymond C. Morrow

Address. 10575 N. Bollinger Rd., Vestaburg, MI 48891

Social Security No. 376-44-8021

Date of Birth. 7-10-44

Last day I plan to work. On sick leave since 3-13-98

Date I wish to retire. 11-01-98

My spouse and I wish to reject survivor's option benefit. (Rejection form must be completed and attached.)

I hereby certify that I am not married

I accept the Survivor's Option Benefit

Employee's Signature Raymond C. Morrow



The Alma Hourly Pension Plan

STATEMENT OF BENEFICIARY

XX Original Statement of Beneficiary

Change of Beneficiary

I hereby designate the following as beneficiary(s) of the Pension Plan Death Benefit

Name(s) Joanne K. Morrow

Address

Relationship Wife

Signature *Joanne K. Morrow*

Date October 30, 1998

c benef apl



DISABILITY RETIREMENT
ALMA HOURLY PENSION PLAN
PENSION APPROVAL

Date October 30, 1998

Name Raymond C. Morrow

Address 10575 N. Bollinger Rd., Vestaburg, MI 48891

SSN 376-44-8021

As of October 31, 1998 your total credited service equals 27.0 years which qualifies you for a monthly pension benefit of \$ 688.50. You are eligible for

your first payment commencing November 1, 1998
(At age 62 your pension will revert to a normal benefit.)

Survivor's option deduction of 5% commences at age 57.)
Your application for a pension benefit has been approved by the Pension Committee.

COMPANY MEMBERS

[Signature]
Devin Carter

UNION MEMBERS

[Signature]
[Signature]



July 11, 2001

Raymond Morrow
10575 N. Bollinger Rd
Vestiburg, MI 48891

Dear Ray,

Effective August 1, 2001, your survivors option benefit will commence, as will the 5% of normal benefit deduction. Therefore, effective August 1, 2001, your pension benefit from the Bank of New York will reflect this deduction.

If you have any questions, please feel free to give me a call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dawn Antes".

Dawn Antes
Human Resource Assistant



November 12, 2002

Raymond Morrow

The purpose of this letter is to inform you of a change in your medical insurance contribution rate, effective January 1, 2003

Please review this information carefully. If you wish to **change** your coverage, or **cancel** your coverage, complete the information below. Otherwise your new contribution rate will be in effect January 1, 2003 and will be deducted from your pension check. If your new contribution exceeds your pension amount you will need to send a check to the Alma office by the 25th of each month to cover the difference.

There has been a very large increase in your contribution due to increases in medical costs and especially prescription drug costs. Therefore you will find enclosed some helpful information regarding the types of drugs and the definition of Generic Drugs.

Your new contribution at your current election will be **\$544.50**

GROUP RATES	Premium	Company Portion	Retiree Contribution
1 Regular & 1 Medicare	\$989.50	\$445.00	\$544.50
1 Medicare	\$480.37	\$210.00	\$270.37
2 Medicare	\$985.35	\$445.00	\$540.35

Election: I wish to change or cancel my election for benefits.

_____ Change Medical _____ Cancel Medical

Dated _____, 20____

Signature of Employee