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| UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION | PROOF OF CLAIM | YOUR CLAIM IS SCHEDULED AS |
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| In re Oxford Automotive, Inc | Case Number 04-74377 | Schedule/Claim ID s7328 Amount/Classification UNKNOWN Unsecured Unliquidated |
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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.

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| Name of Creditor and Address 08112372012595 RIPPLE PAUL 5360 BLUE HERON DR ALMA MI 48801 | <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 checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |
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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

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| Creditor Telephone Number () | Creditor Federal Tax ID | Account Or Other Number By Which Creditor Identifies Debtor | Check here <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated ____ |
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1 BASIS FOR CLAIM

| | | |
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| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death | <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes | <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) |
| <input type="checkbox"/> Money loaned | <input checked="" type="checkbox"/> Other (describe briefly) <i>SEE ATTAINED VESTED PENSION</i> | Last four digits of SS # _____ |
| | | Unpaid compensation for services performed from _____ to _____ (date) (date) |

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| 2 DATE DEBT WAS INCURRED | 3 IF COURT JUDGMENT, DATE OBTAINED |
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4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

| | | | |
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| \$ _____ (unsecured) | \$ _____ (secured) | \$ <u>287.86 / month</u> (unsecured priority) | \$ _____ (Total) |
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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 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 February 11, 2005 for Non-Government Claimants OR on or before April 7, 2005 for Governmental Units.

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| 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 |
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FILED
THIS SPACE FOR COURT USE ONLY
FEB 03 2005
BMC

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| DATE SIGNED <i>1/30/05</i> | 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) <i>Paul W. Ripple</i> PAUL W. RIPPLE |
|-------------------------------|---|

Oxford Automotive, Inc

01909

LOBDELL EMERY

Paul Ripple
5360 Blue Heron Dr
Alma MI 48801

02-17-96

NOTIFICATION OF ELIGIBILITY FOR DEFERRED VESTED PENSION

Dear Paul

You have completed at least five years of service or credited service for eligibility and 5 years 6 months of credited service for benefit computation

You are eligible for a monthly benefit for life beginning at age 65 in the amount of \$ 287 86. This is a vested benefit. If you have at least **ten** years of credited service and wish payments to begin before your 65th birthday but after your 57th birthday, you may elect to receive this benefit in a reduced amount for life.

If you have a spouse to whom you have been married for at least one year at the time your benefit payments start, your benefit will be reduced to provide your spouse with 55% of the benefit you will receive if you die before your spouse does. You may choose at the time you file your application not to have your benefit reduced and provide your spouse with no benefits after you die. Your spouse would have to approve of this election.

YOU MUST APPLY FOR PENSION BENEFITS TO BEGIN

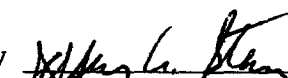
When you apply at the address below, be prepared to provide proof of your birth date and you spouse's birth date, if you have a spouse at that time.

No benefits to you or your spouse will be payable or due in any event before your 57th birthday. If you are married and have at least **ten** years of credited service, you must notify us at age 57 if you wish to decline pre-retirement survivors annuity coverage. This coverage will be automatic if you do not contact us. **This coverage reduces your pension at retirement** by .0005 per month for each month that the protection is in effect.

If you have any questions, you may feel free to contact us. A valuable source of information on your pension plan is your summary plan description booklet. If you did not receive a copy of this booklet, please let us know so we can provide you with one.

PENSION COMMITTEE

By 
Charles L. Dardas

By 
Jeffery A. Stamy