

**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 s3969
Amount/Classification
UNKNOWN Unsecured 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
08111832009216
BLACK BONNIE
1201 CROWNE RESERVE DR
BIRMINGHAM AL 35244-7048

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.

Creditor Telephone Number **(205) - 985-9457**
Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

Check here if this claim 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) **401K**
Last four digits of SS # _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ _____ (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)() **401K**
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 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 11 2005
BMC

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).
Bonnie L. Black **BONNIE L. BLACK**

Oxford Automotive Inc
00268

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571



0000322 034-000-0000556921



BONNIE L BLACK
236 CAROLINE AVE
HUBBARD OH 44425-1532

change of address

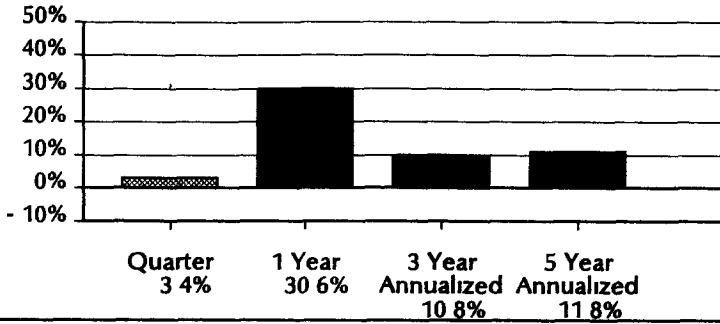
*1201 Crouse Reserve Dr
 Birmingham, AL 35244*

Important Carefully review your statement to ensure its accuracy. If you believe there is a discrepancy you must report it to your company's plan representative within 5 business days.

INVESTMENT PERFORMANCE ** (continued)

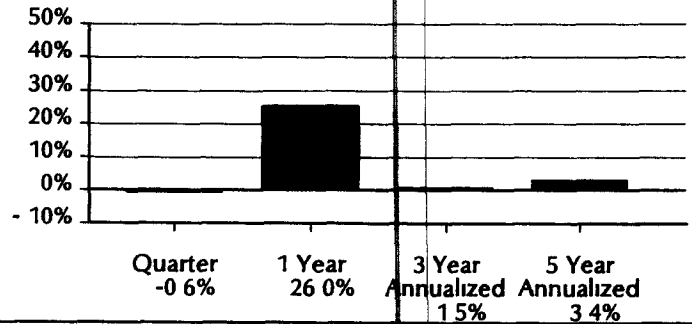
FRANKLIN BALANCE SHEET INV

Fund Type **STOCK**
 Description **GROWTH & INCOME**



FIFTH THIRD SMALL CAP GROWTH

Fund Type **STOCK**
 Description **SMALL CAP**



** This information was provided by Wiesenberger a division of Thomson Financial Inc or by the Fund's Investment Manager and other sources and has not been independently reviewed by Fifth Third Bank



Fifth Third Bank
 Retirement Plan Services MD1090BB-3240
 Cincinnati OH 45263

0000322 034-000-0000556921



BONNIE L BLACK
238 CAROLINE AVE
HUBBARD OH 44425-1532

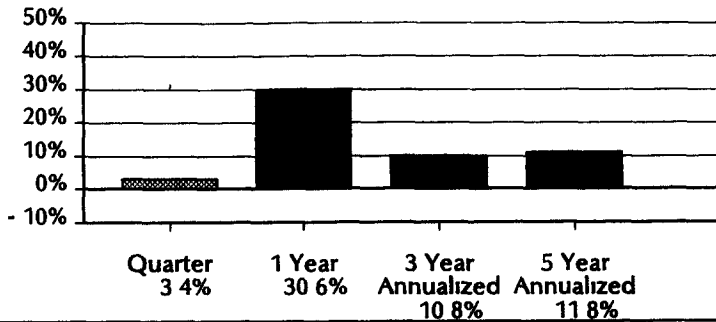
change of address

Important. Carefully review your statement to ensure its accuracy. If you believe there is a discrepancy you must report it to your company's plan representative within 5 business days.

INVESTMENT PERFORMANCE (Continued)

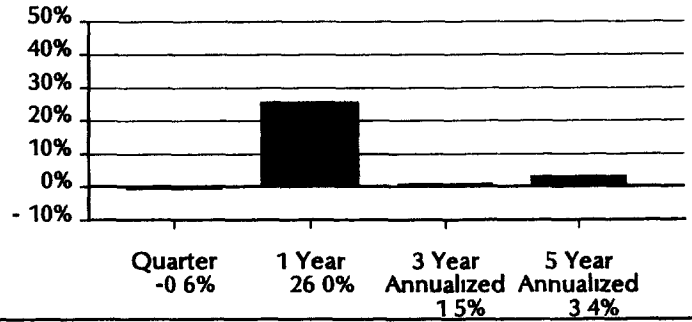
FRANKLIN BALANCE SHEET INV

Fund Type **STOCK**
 Description **GROWTH & INCOME**



FIFTH THIRD SMALL CAP GROWTH

Fund Type **STOCK**
 Description **SMALL CAP**



** This information was provided by Wiesenberger a division of Thomson Financial Inc. or by the Fund's Investment Manager and other sources and has not been independently reviewed by Fifth Third Bank.

Hourly Pension

**SUMMARY ANNUAL REPORT
FOR HOWELL INDUSTRIES, INC UNITED STEEL WORKERS
OF AMERICA LOCAL 1618-2 PENSION PLAN**

This is a summary of the annual report for the Howell Industries, Inc United Steel Workers of America Local 1618-2 Pension Plan, EIN 38-0479830, Plan No 003, for the period August 1, 2002 through July 31, 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 \$84,653. These expenses included \$25,363 in administrative expenses and \$59,290 in benefits paid to participants and beneficiaries. A total of 242 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 \$2,555,417 as of July 31, 2003, compared to \$2,204,240 as of August 1, 2002. During the plan year the plan experienced an increase in its net assets of \$351,177. 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 \$435,830 including employer contributions of \$245,164 and earnings from investments of \$190,666.

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 Howell Industries Inc, 1250 Stephenson Hwy, Troy, MI 48083, (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 (Howell Industries Inc, 1250 Stephenson Hwy, Troy, MI 48083) 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.

Hourly Pension

SUMMARY ANNUAL REPORT

FOR HOWELL INDUSTRIES, INC UNITED STEEL WORKERS OF AMERICA LOCAL 1618-2 PENSION PLAN

This is a summary of the annual report for the Howell Industries, Inc United Steel Workers of America Local 1618-2 Pension Plan, EIN 38-0479830, Plan No 003, for the period August 1, 2002 through July 31, 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 \$84,653. These expenses included \$25,363 in administrative expenses and \$59,290 in benefits paid to participants and beneficiaries. A total of 242 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 \$2,555,417 as of July 31, 2003, compared to \$2,204,240 as of August 1, 2002. During the plan year the plan experienced an increase in its net assets of \$351,177. 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 \$435,830 including employer contributions of \$245,164 and earnings from investments of \$190,666.

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 Howell Industries Inc, 1250 Stephenson Hwy, Troy, MI 48083, (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 (Howell Industries Inc, 1250 Stephenson Hwy, Troy, MI 48083) 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.