

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

PROOF OF CLAIM



In re
Oxford Automotive, Inc
Howell Industries, Inc

Case Number
04-74377 *4001-74381*

Schedule/Claim ID *s5002*
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
 08111832010249
RICE LEATRICE
3590 IVANHOE RD
SHARPSVILLE PA 16150-9474

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.
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number *(714) 962-7030*
Creditor Federal Tax ID *See attached*
Account Or Other Number By Which Creditor Identifies Debtor *See attached*

Check here replaces or amends if this claim 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) *Pension Benefits*
Howell Industries, Inc Last four digits of SS # *6382*
Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED *Retirement 1989* **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) *\$ 171396*
Annual (Total) Pension Benefit

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 \$ *171396 Per Annum*
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. *See attached Form 1099-R*

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 13 2005
BMC
Oxford Automotive Inc
 00323

DATE SIGNED: *1/13/05*
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):
Leatrice J. Rice

PAYER'S Federal identification number 42-0127290		Source - Product 03070-04100	1 Gross distribution \$1713.86	2003
PAYER'S name, street address, city, state, and ZIP code PRINCIPAL LIFE INSURANCE CO 211 HIGH STREET DES MOINES IA 50382-8350			<input type="checkbox"/> CORRECTED (if checked)	
Account number (optional) 197246382	RECIPIENT'S identification number 197-24-8382		2a Favorable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, address, and ZIP code LEATRICE JOY RICE 3590 IVANHOE RD SHARPSVILLE PA 16150-8474			3 Capital gain in last 24 months	4 Federal income tax withheld
			5 Employee contributions or insurance premiums	6 Realized appreciation in employer's securities
		7 Distribution code 7	RA/SEP SIMPLE <input type="checkbox"/>	8 Other <input type="checkbox"/>
9a Your percentage of total distribution %			9b Total employee contributions	
10 State income tax withheld			11 State/Payer's state number PA 18550806	12 State distribution

FORM 1099-R

OMB No. 1545-0119

Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans,
IRAs, Insurance
Contracts, etc.

**Copy C
For Recipient's
Records**

This information
is being furnished
to the Internal
Revenue Service

QUESTION? CALL 1-800-247-7011 **MONDAY THROUGH FRIDAY 7AM - 5PM CST**
Department of the Treasury-Internal Revenue Service Keep for your records