


U S Bankruptcy Court for the Eastern District of Michigan, Southern Division		PROOF OF CLAIM
Name of Debtor Oxford Automotive, Inc		Case Number 04-74377-SWR Chapter 11
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 (The person or entity to whom the debtor owes money or property) Elaine L. Chao, Secretary, U S Dept of Labor on behalf of the Oxford Automotive, Inc Blue Cross Plan		<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 Marla J. Haley, U S Dept of Labor, Office of the Solicitor 230 S Dearborn St, Suite 844, Chicago, IL 60604 Telephone number (312) 353-7258		
Account or other number by which creditor identifies debtor SOL # 0500-05-00421		Check here <input type="checkbox"/> replaces a previously filed court claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Employee Benefits Claim</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your SS# _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
2 Date debt was incurred <u>Undetermined</u>		3 If court judgment, date obtained.
4 Total Amount of Claim at Time Case Filed <u>Undetermined</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" 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 \$ _____		6 Unsecured Priority Claim <u>Undetermined</u> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority claim \$ <u>Undetermined</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300*), 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) <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or other penalties of governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 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. 9 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.		FILED JAN 27 2005 BMC Oxford Automotive Inc  00634 SS 152 and 3571
Date <u>1/26/05</u>	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) <u>Joseph R. Menez, Regional Director, EBSA</u>	

**ATTACHMENT TO PROOF OF CLAIM
OXFORD AUTOMOTIVE, INC.
Case No 04-74377 (Chapter 11)**

***PROTECTIVE PROOF OF CLAIM ON BEHALF THE OXFORD
AUTOMOTIVE, INC BLUE CROSS PLAN***

On behalf of the Oxford Automotive, Inc Blue Cross Plan (“Plan”) sponsored by the Debtor, Oxford Automotive, Inc , Elaine L Chao, Secretary of Labor (“Secretary”), United States Department of Labor, files this protective proof of claim to cover ERISA claims for the Plan At this point, the date that the debts were incurred and the amount of the debt involved is undetermined, however, the Secretary anticipates that some or all of the debt to the Plan would potentially have §507(a)(4) priority, as employee benefit claims

The bankruptcy for Oxford Automotive, Inc was filed under Chapter 11 of the Bankruptcy Code on December 7, 2004 The basis of this claim is an unliquidated contingent debt based upon violations of the Employee Retirement Income Security Act (ERISA) 29 U S C §1001, *et seq* The Secretary of Labor is charged with the enforcement of the fiduciary requirement of Title I of ERISA, 29 U S C §1001, *et seq* , including the institution of actions in federal district court for injunctive relief and restitution to employee benefit plans On or about January 10, 2005, the Employee Benefits Security Administration received a complaint that there may be ERISA violations pertaining to one or more of the Plans sponsored by the Debtor Oxford Automotive, Inc and its subsidiaries

Under her statutory authority, the Secretary has initiated an investigation of the Plan, of which Oxford Automotive, Inc was a participating employer and a potential fiduciary The Plan is an employee benefit plan within the meaning of ERISA §3(3), 29 U S C §1002(3), which is subject to the provisions of Title I of ERISA pursuant to ERISA §4(a), 29 U S C §1003(a)

The Secretary’s investigation is continuing, she has not yet determined the full extent of ERISA violations by Oxford Automotive, Inc The Secretary files this *Proof of Claim* to protect her interests, the Plan, and the participants of the Plans This *Proof of Claim* will be amended upon the completion of her investigation

NOTE Because this claim is made on behalf of the Plan and participants of the Plan, the Secretary requests that payment be made directly to the Plan and not to the Secretary of Labor

CERTIFICATE OF SERVICE

I certify that one copy of the aforesaid general *Protective Proof of Claim* on behalf of the *Oxford Automotive, Inc Blue Cross Plan*, as well as this *Certificate of Service*, was served, this 26th day of January on the following

Via First Class Regular Mail

I William Cohen, Esq
Hannah Mufson, Esq
Pepper Hamilton LLP
100 Renaissance Center, 36th Floor
Detroit, MI 48243

Office of the U S Trustee
211 West Fort St
Suite 700
Detroit, MI 48226



Joseph R. Menez
Regional Director
Cincinnati Regional Office
Employee Benefits Security Administration

U S Department of Labor

Employee Benefits Security Administration
Ft Wright Executive Building I
1885 Dixie Highway
Ft Wright, Kentucky 41011-2664



January 26, 2005

Via Federal Express

Oxford Automotive, Inc , et al
c/o The BMC Group, Inc ,
1330 E Franklin Ave
El Segundo, CA 90245


*Re In re Oxford Automotive, Inc
Bankruptcy Case No 04-74377*

Dear Sir or Madam

Enclosed, please find an original and three (3) copies of a *Proof of Claim* filed on behalf of the *Oxford Automotive, Inc Blue Cross Plan* Also enclosed is a *Certificate of Service*

Please file the documents and return the remaining file-stamped copies to our office, in the enclosed self-addressed, franked envelope Thank you for your assistance in this matter

Sincerely,


Joseph R. Menez
Regional Director
Cincinnati Regional Office

Enclosures
S A F E