

In re

Case Number

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



Marsh USA Inc
600 Renaissance Ctr Ste 2100
Detroit MI 48243-1809

08111833000270

Creditor Telephone Number (313) 393-6959

Creditor Federal Tax ID

38-0793355

Account Or Other Number By Which Creditor Identifies Debtor

X 00452

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)
Insurance Premium
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- 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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured) \$ _____ (secured) \$ 7,688 (unsecured priority) \$ 7,688 (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 \$ 7,688

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) (____) *-Insurance Premium \$6,578 - SVS Inv. Loss work 1,110*

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 02 2005

BMC

Oxford Automotive Inc



01897

DATE SIGNED

1/31/05

SIGN and print the name and title of any of the creditor or other person authorized to file this claim, attach copy of power of attorney if any

[Signature]

CLIENT# : X00452 Oxford Automotive, Inc
 INV-O/A#
 CLNT EXEC L29850 - Sherry Loughrige
 ACCT BAL (Currency) 9,599 25
 BAL DUE (Currency) 9,599 25

CURR : 01 U S DOLLARS

TRANS NUMBER	VER	M	TRANS DATE	TRANSACTION AMOUNT	B T	BILL BEGIN	DAY AGE	O A	CLRP NUMBER	DEPT#	S C	PI FD	CLS BUS
255373	01	B	012705	742 50	M	012705			KBIRCH	48256	N	N	928
255372	01	B	012705	1,168 75	M	012705			KBIRCH	48256	N	N	928
251950	01	B	102704	135 00	M	102604	0096		KBIRCH	48256	N	N	928
251949	01	B	102704	197 50	M	102604	0096		KBIRCH	48256	N	N	928
249994	01	B	083104	270 00	M	083104	0153		KBIRCH	48256	N	N	928
249993	01	B	083104	395 00	M	083104	0153		KBIRCH	48256	N	N	928
249904	01	B	083004	112 50	M	083004	0154		KBIRCH	48256	N	N	928
244424	01	B	041604	6,578 00	E	032304	0290		BALMES	48315	N	N	110

1,110

CMD 1-Exit 2-Decode 12-Currency Totals SELECT: P-PAYABLE H-HISTORY
 THERE IS ONLY ONE CURRENCY WITH OPEN TRANSACTIONS FOR THIS CLIENT

Pg 1
 TAX id # 30-0743355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE DETAIL

SIEM0201I
Inv# 244424

Class: 110 PROP/ALL RISK
Policy Number: RMP198800098

Insurer: 0128 CONTINENTAL CA E&S. N
Risk #:

Client Rep BARMES BARMES, D
Production: R RENEWAL

Department: 48315 DET MM PROP

Invoice Item	1.	P PREMIUM	Amount:	\$	6,578 00		
Comm. %:		00 %	or	Comm.:	\$		
Placement.		3387AA CNA NATL ACCNT Chicago				B	30 1

CMD 1-Backup 14-Main Menu

Pg 2
Tax id # 38-0793355

Printer PC# 230 DEPT#

Invoice Comments:

THIS INVOICE REPRESENTS THE ADDITION OF LOT 6,
JEFFERSON METROPOLITAN PARK, MCCALLA, AL

CMD 1-Backup 14-Main Menu

Pg 3
Tax Id # 38-0793355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE SUMMARY

SIEM1401I
Inv# 249904

Mr Robert Krakowiak
Oxford Automotive, Inc
850 Stephenson Highway
Suite 600
Troy, MI 48083

Policy Policy
Effective Expiration
Date Date
1/01/01 1/01/05
Client Number X00452

Policyholder CAPS
Invoice Type: REPORTING

Billing
Effective
Date: 8/30/04

Insurer	Policy Number	Description	Amount
FEE BILLING	CAPS/X00452	FORENSIC AC/CL FEE	\$ 112 50
		INVOICE TOTAL	\$ 112 50

CMD 1-Backup 14-Main Menu

Pg 4
Tax id # 30-0793355

Printer PC# 230 DEPT# 48256

Invoice Comments:
CBI-OK CITY TORNADO
AD46010/03179

CMD 1-Backup 14-Main Menu

Pg 5
Tax id #
39-0793355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE SUMMARY

SIEM1401I
Inv# 249993

Mr Jean Boisson
Oxford Automotive, Inc
Rue du Marechal de Lattre
de Tassigny
Elancourt, France 78997 FR,

Policy Policy
Effective Expiration
Date Date
11/30/00 11/30/04
Client Number X00452

Policyholder: CAPS
Invoice Type: REPORTING

Billing
Effective
Date 8/31/04

Insurer	Policy Number	Description	Amount
FEE BILLING	CAPS/X00452/001356	FORENSIC AC/CL FEE	\$ 395 00
		INVOICE TOTAL	\$ 395 00

CMD 1-Backup 14-Main Menu

Pg 6
Tax id # 38-0793355

Printer PC# 230 DEPT# 48256

Invoice Comments:

OXFORD AUTOMOTIVE-TANDEM PRESSES 6/28/03
AD46012/04035

CMD 1-Backup 14-Main Menu

Pg 7
Tax id #
38-0793355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE SUMMARY

SIEM1401I
Inv# 249994

Mr Jean Boisson
Oxford Automotive, Inc
Rue du Marechal de Lattre
de Tassigny
Elancourt, France 78997 FR,

Policy Policy
Effective Expiration
Date Date
11/30/00 11/30/04
Client Number X00452

Policyholder: CAPS
Invoice Type: REPORTING

Billing
Effective
Date: 8/31/04

Insurer	Policy Number	Description	Amount
FEE BILLING	CAPS/X00452/001356	FORENSIC AC/CL FEE	\$ 270 00
		INVOICE TOTAL	\$ 270 00

CMD 1-Backup 14-Main Menu

Pg 8
Tax id #
38-0793355

Printer PC# 230 DEPT# 48256

Invoice Comments

OXFORD AUTOMOTIVE-DOUAI PLANT 5/3/03
AD46013/04034

CMD 1-Backup 14-Main Menu

Pg 9
Tax id #
30-0793355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE SUMMARY

SIEM1401I
Inv# 251949

Mr Jean Boisson
Oxford Automotive, Inc
Rue du Marechal de Lattre
de Tassigny
Elancourt, France 78997 FR,

Policy Policy
Effective Expiration
Date Date
1/01/01 1/01/05
Client Number X00452

Policyholder CAPS
Invoice Type: REPORTING

Billing
Effective
Date: 10/26/04

Insurer	Policy Number	Description	Amount
FEE BILLING	CAPS/X00452	FORENSIC AC/CL FEE	\$ 197 50
		INVOICE TOTAL	\$ 197 50

CMD 1-Backup 14-Main Menu

Pg 10
Tax id #
38-0793355

Printer PC# 230 DEPT# 48256

Invoice Comments:

OXFORD AUTOMOTIVE-TANDEM PRESSESS 6/28/03
AD46012/04035

CMD 1-Backup 14-Main Menu

Pg 11
Tax id #
38-0793355

OXFORD AUTO
01 U S DOLLARS

POLICY - INVOICING INQUIRY
INVOICE SUMMARY

SIEM1401I
Inv# 251950

Mr Jean Boisson
Oxford Automotive, Inc
Rue du Marechal de Lattre
de Tassigny
Elancourt, France 78997 FR,

Policy **Policy**
Effective **Expiration**
Date **Date**
1/01/01 1/01/05
Client Number X00452

Policyholder: CAPS
Invoice Type: REPORTING

Billing
Effective
Date: 10/26/04

Insurer	Policy Number	Description	Amount
FEE BILLING	CAPS/X00452	FORENSIC AC/CL FEE	\$ 135 00
		INVOICE TOTAL	\$ 135 00

CMD 1-Backup 14-Main Menu

Pg 12
Tax id #
38-0793355

Printer PC# 230 DEPT# 48256

Invoice Comments:

OXFORD AUTOMOTIVE-DOUAI PLANT 5/3/03
AD46013/04034

CMD 1-Backup 14-Main Menu

Pg 13
Tax id #
38-0793355