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| | | PROOF OF CLAIM |  YOUR CLAIM IS SCHEDULED AS |
| In re Oxford Automotive, Inc | Case Number 04-74377 | Schedule/Claim ID s895 Amount/Classification UNKNOWN Unsecured Contingent Disputed 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. | | <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 this address differs from the address on the envelope sent to you by the court. | |
| Name of Creditor and Address  08111832006911 BLUE CROSS BLUE SHIELD OF MICHIGAN 600 LAFAYETTE, 1925 EAST DETROIT MI 48226 <i>Latonya McGrier, Legal Assistant</i> | | 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 (313) 225-6558 | Creditor Federal Tax ID | Account Or Other Number By Which Creditor Identifies Debtor ASC 7544 / Blue Cross | Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____ if this claim <input type="checkbox"/> |
| 1 BASIS FOR CLAIM | | | |
| <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned | | <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) Health Care | |
| | | <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> 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 <u>1-28-05</u> | | 3 IF COURT JUDGMENT, DATE OBTAINED | |
| 4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED | | | |
| \$ <u>383,592.00</u> (unsecured) | | \$ <u>0</u> (secured) \$ <u>383,592.00</u> (unsecured priority) \$ <u>383,592.00</u> (Total) | |
| If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. | | | |
| <input 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 | | 7 UNSECURED PRIORITY 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 \$ _____ | | <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <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 penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>* 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.</small> | |
| 6 UNSECURED NONPRIORITY CLAIM \$ _____ | | | |
| <input type="checkbox"/> 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 | |
| DATE SIGNED <u>1/30/05</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). <i>Latonya A. McGrier, Legal Assistant</i> | | |

FILED
 FEB 04 2005
BMC
 Oxford Automotive Inc
 01919

Date 01/28/05

To Oxford Automotive
Attn Laura Banaszak
5750 New King St Suite 200
Troy, MI, 48098

From Blue Cross and Blue Shield of Michigan
National Accounting, Mail Code X511

SECOND NOTIFICATION OF A.S.C. DELINQUENCY

As of this date our records indicate that we have not received the following payment

| Wire Date | Amount Due | Late Charge | Total Due |
|-----------|------------|-------------|-----------|
| ----- | ----- | ----- | ----- |
| 01/19/05 | \$188,035 | \$3,761 | |
| 01/26/05 | \$188,035 | \$3,761 | \$383,592 |

If the payment has been made, please provide us with the following

Date of Wire
Date of Check
Payment Amount

If payment has not been made, please do so immediately

Sincerely,

La Shanna Goudy
Senior Accounting Analyst
National Accounting

**Blue Cross
Blue Shield**
of Michigan



OFFICE OF THE
GENERAL COUNSEL

600 E Lafayette Blvd
Detroit Michigan 48226-2998

FAX (313) 225 6702

January 31, 2005

BMC
P O Box 977
El Segundo, CA 90245-0977

**Re: Oxford Automotive, Inc.
Chapter 11
Case No. 04-74377**

Dear Court Clerk

Enclosed please find Blue Cross Blue Shield of Michigan's Proof of Claim
Please time-stamp and return a copy in the self-addressed envelope
provided for your convenience

Sincerely,


LaTonya D McGrier

LDM/rlw

Enclosure