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LABOR DEPARTMENT STATEMENT

To: Office of Pension and Welfare Benefit Programs
Labor Management-Services Administration
U. S. Department of Labor
Washington, D. C. 20216

From: Employer: **BAY CAST, INC.**
Employer I.D. Number: 38-2674606
Address: 2611 Center Avenue
P.O. Box 126
Bay City, Michigan 48707

November 10, 2005

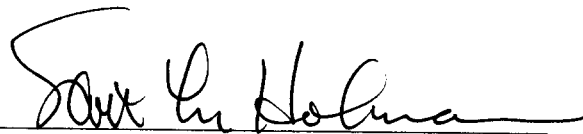
This document constitutes the statement required by 29 C.F.R. §2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to Nonqualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains one Deferred Compensation Plan for executives who are members of a select group of senior management personnel.

The number of participants in this plan is 1.

Plan Administrator: Bay Cast, Inc.

Employer: Bay Cast, Inc.



SCOTT L. HOLMAN, President

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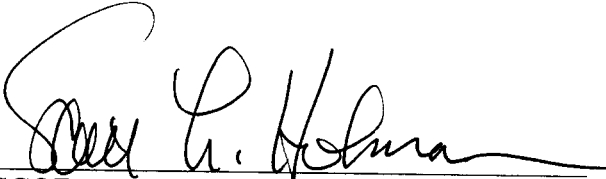
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SCOTT L. HOLMAN, President



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 2510 0004 6704 9520

From Gregory T. Demers

BRAUN KENDRICK FINKBEINER P.L.C.
4301 FASHION SQUARE BLVD
SAGINAW MI 48603-5218

To

Office of Pension & Welfare Benefit Programs
Labor Management-Services Administration
U.S. Dept. of Labor
Washington, DC 20216 *N5638*

CERTIFIED MAIL - RETURN RECEIPT REQUESTED