FORM DE RECEIVED SEC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

1021848

FORM D

NOTICE OF SALES OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

 OMB	APPROVAL
OIVID	α

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden hours

per response . . . 16.00

SEC US	E ONLY						
Prefix	Serial						
DATE RECEIVED							

Name of Offering (check if this is an an	nendment and	name has chang	ed, and indicate of	change.)	
Convertible Notes and Warrants			,	,	
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6)	ULOE
Type of Filing: New Filing Amendme	ent				
	A. BA	SIC IDENTIFI	CATION DATA	١	T AN ALLIA BREITH REGIL BREITH ATTACK BUIGH BUIGH BUIGH BUIGH
1. Enter the information requested about the is	suer				
Name of Issuer (check if this is an amer	ndment and na	me has changed	, and indicate cha	nge.)	
Delta Financial Corporation		_			
Address of Executive Offices	(Number	and Street, City,	State, Zip Code)	Telephone Nu	<u>imbε</u> 07076543
1000 Woodbury Road, Suite 2000 Woodb	ury, New Yo	rk 11797		(800) 225-533	
Address of Principal Business Operations	(Number a	and Street, City,	State, Zip Code)	Telephone Nu	umber (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business					
Origination of mortgage loans					
Type of Business Organization					
□ corporation	🗀 limited	partnership, alre	eady formed	other (p	lease specify):
☐ business trust	limited	partnership, to l	oe formed		PROCESSED
		Month	Year		- OFFD
Actual or Estimated Date of Incorporation or C	Organization:	08	1996 Acti	ual 🗌 Estimated	AUG 3 1 2007
Jurisdiction of Incorporation or Organization:	(Enter two-le	tter U.S. Postal S	Service abbreviati	on f <u>or State:</u>	MOD 3 I STILL
	CN for Cana	da; FN for other	foreign jurisdicti	on) DE	THOMEON
Antono I I III Amperianta					HOBBOH

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A	. BASIC IDENTIFIC	CATION DATA						
2. Enter the information request	ed for the following:				· · · ·				
 Each promoter of the issue 	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
 Each general and managing 	•	•		-					
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if in Miller, Sidney A.	dividual)								
Business or Residence Address 1000 Woodbury Road, Suite		City, State, Zip Code) York 11797							
Check Box(es) that Apply:	☐ Promoter			☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if ine Miller, Hugh	dividual)								
Business or Residence Address 1000 Woodbury Road, Suite		City, State, Zip Code)							
Check Box(es) that Apply:	Promoter		☑ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if inc Blass, Richard	dividual)								
Business or Residence Address 1000 Woodbury Road, Suite	(Number and Street,	• • • • •							
Check Box(es) that Apply:	☐ Promoter		Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if inc Adamovich, Jr., John	dividual)								
Business or Residence Address	(Number and Street	City, State, Zip Code)							
1000 Woodbury Road, Suite 2		•							
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if inc	dividual)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Business or Residence Address	(Number and Street	City State Zin Code)							
1000 Woodbury Road, Suite 2	•								
Check Box(es) that Apply:	Promoter		☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if inc Payson, Martin D.	dividual)								
Business or Residence Address	(Number and Street.	City, State, Zip Code)							
1000 Woodbury Road, Suite 2	·								
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if inc	dividual)								
Pollard, Arnold	(Number and Street	City, State, Zip Code)							
Business or Residence Address 1000 Woodbury Road, Suite 2									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A	. BASIC IDENTIFIC	ATION DATA					
2. Enter the information requeste		•						
· Each promoter of the issue	r, if the issuer has been	organized within the p	ast five years;					
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
Each executive officer and	director of corporate i	ssuers and of corporate	general and managing	partners of partnersh	ip issuers; and			
· Each general and managing	•	•	6 ,	,				
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if ine Williams, Margaret A.	dividual)							
Business or Residence Address	(Number and Street	City, State, Zip Code)						
1000 Woodbury Road, Suite	*	• • • • •						
Check Box(es) that Apply:	☐ Promoter		☑ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Michaels, Randall F.	•							
Business or Residence Address	(Number and Street,	City, State, Zip Code)						
1000 Woodbury Road, Suite	200, Woodbury, New	York 11797						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if inc Miller, Lee	dividual)							
Business or Residence Address 1000 Woodbury Road, Suite		City, State, Zip Code) v York 11797						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		☐ Director	General and/or Managing Partner			
Full Name (Last name first, if inc	dividual)							
Miller, Marc	•							
Business or Residence Address	(Number and Street,	City, State, Zip Code)						
1000 Woodbury Road, Suite 2		• • • • •						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if inc Horan, William J.	lividual)							
Business or Residence Address	(Number and Street	City State Zin Code)			.			
1000 Woodbury Road, Suite 2								
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if inc	lividual)							
Business or Residence Address	(Number and Street,	City State Zin Code)						
1000 Woodbury Road, Suite 2		• • • • •						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if inc	lividual)							
Business or Residence Address	(Number and Street,	City, State, Zip Code)						
	(Use blank sheet, or	copy and use additiona	l copies of this sheet, as	necessary.)				

					B.	INFOR	MATION	ABOUT	OFFERI	NG					
														Yes	No
1.	Has the	issuer sole	d, or does	the issuer											\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.														
2.	What is the minimum investment that will be accepted from any individual?								Not Ap						
2	Describe official consistency and a single control of the single c									Yes ⊠	No □				
3. 4.		Does the offering permit joint ownership of a single unit?													
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a														
	person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or														
									l are assoc	iated perso	ons of suc	h a broker	or		
				e informat	ion for th	at broker o	or dealer o	nly.							
Full	Name (L	ast name f	irst, if ind	lividual)											
Busi	ness or R	esidence A	Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)							
25 461				(***********		-, 4,,	,р	,							
Nam	e of Asso	ciated Bro	ker or De	ealer											
State	s in Whi	ch Person	Listed Ha	s Solicited	l or Intend	le to Solici	it Purchase	PEC .							
State				s sonenec sk individu										□ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	۰۰۰۰ کے	States
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[он]	į̇́oκ j̇́	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (L	ast name f	irst, if ind	lividual)											
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Busi	ness or K	esidence A	Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)							
Nam	e of Asso	ciated Bro	ker or De	ealer											
State				s Solicited											a. .
				k individu										☐ All	States
				[AR]						[FL]			[ID] [MO]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	(KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (L	ast name f	irst, if ind	lividual)											
	`		•	,											
		<u>.</u>													
Busi	ness or R	esidence A	Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)							
Nam	e of Asso	ciated Bro	ker or De	ealer						****					
	• • • • • • • • • • • • • • • • • • • •														
State	s in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	it Purchase	ers							
	(Check	"All State	s" or chec	k individu	al States)								• • • • • • • • • • • • • • • • • • • •	☐ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT] IRI I	[NE]	[NV]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC]	[ND] [WA]	[OH]	[OK]	[OR]	[PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

2.

3.

Type of Security	C	Aggregate Offering Price	Amount Already Sold
Debt	\$	0	\$ 0
Equity	\$	0	\$ 0
☐ Common ☐ Preferred			
Convertible Securities (including Warrants)	\$	60,000,000.00	\$ 10,000,000.00
Partnership Interests	\$	0	\$ 0
Other (Specify:)	\$	0	\$ 0
Total	\$	60,000,000.00	\$ 10,000,000.00
Answer also in Appendix, Column 3, if filing under ULOE.			
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		8	\$
Non-accredited Investors	_	0	\$ 0
Total (for filings under Rule 504 only)	_	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.			
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
Type of Offering Rule 505		Type of Security	\$ Dollar Amount Sold
Regulation A		<u>.</u>	\$
Rule 504			\$ ·
Total			\$
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			
Printing and Engraving Costs		.,,	\$

Legal Fees 250,000.00 Accounting Fees. Other Expenses (identify) Total S 250,000.00

	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES A	ND USE	OF PROC	EEDS	
5.	b. Enter the difference between the aggregate offe Part C - Question 1 and total expenses furnished in This difference is the "adjusted gross proceeds to the Indicate below the amount of the adjusted gross protection be used for each of the purposes shown. If the affurnish an estimate and check the box to the left of payments listed must equal the adjusted gross proceeds.	response to Part C - Question 4.a. the issuer."			\$	59,750,000.00
	response to Part C - Question 4.b above.		Dir	yments to Officers, rectors, & Affiliates		Payments To Others
	Salaries and fees			illilates	□ \$	Outers
	Purchase of real estate		_			
	Purchase, rental or leasing and installation of mach		_		. 🗆 🕻	
	Construction or leasing of plant buildings and facili		_			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)	e of securities involved in this or securities of another issuer	_ s		\$	
	Repayment of indebtedness		_			
	Working capital		_		. □ \$	
			.		<u>-</u>	59,750,000.00
	Other (specify):				. 🗆 🖫	
	<u></u>		□ \$		□ \$	
	Column Totals		_	0	□ \$	59,750,000.00
	Total Payments Listed (column totals added)		_	⊠ \$_	<u>59,750,000.0</u>	0
		D. FEDERAL SIGNATURE				
signa	ssuer has duly caused this notice to be signed by the uture constitutes an undertaking by the issuer to furnish mation furnished by the issuer to any non-accredited i	indersigned duly authorized person. If	Commiss	ion, upon wr	der Rule 505, itten request (the following of its staff, the
Issue	r (Print or Type)	Signature		<u> </u>	Date	
	a Financial Corporation	M_{-}			August <u>2</u>	<u>†</u> , 2007
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)			1	
.	. Marilla	C	.1 C			

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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)