FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* DONEGAL MUTUAL INSURANCE CO						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICB]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) 1195 RIV	(Fii	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/29/2007										Office below	er (give title v)		Other below)	(specify	
(Street) MARIET			17547 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Noi	า-Deriv	ative	Sec	curitie	es Ac	quirec	l, Dis	posed o	f, or	Bene	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Trans Date (Month/					2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.						, 4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or)	Price	.	Transaction(s) (Instr. 3 and 4)				(111501.4)			
Class B Common Stock 06/2					9/2007	2007			P		88		A	\$16.4		4,001,080			D		
Class A Common Stock														8,135,684		.35,684		D			
		Та									sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transact Code (In					6. Date Expirat (Month	ion Dat			str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership t (Instr. 4)		
					Code		(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber res							

Explanation of Responses:

Jeffrey D. Miller, Sr. VP & **Chief Financial Officer**

07/02/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).