FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>DONEGAL MUTUAL INSURANCE CO</u>						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	(Fir	,	Middle)			ate of 28/20		st Trans	saction (	/Day/Year)				Office below	er (give title v)		Other below)	(specify	
(Street)  MARIET  (City)			.7547 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing Line)  X Form filed by One Report Form filed by More than Person										e Reportin	g Pers	on	
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,				4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Secu Bene		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) oi (D)	Price		Transa	action(s) 3 and 4)			(			
Class B Common Stock 02/28/2					2007	007		P		33	A	\$16.	.8745	3,8	393,270	D			
Class A Common Stock														8,132,884		D			
		Та	ble II -								osed of, convertib				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transactic Code (Inst 8)		tion of		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(()	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V (A)		(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

**Explanation of Responses:** 

Jeffrey D. Miller, SVP & Chief 03/01/2007 Financial Officer

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.