FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-0104								
Estimated average burden								
hours per response:	0.5							

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

				()							
MILLER JEFFREY DEAN		Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [dgica]							
(Last) 1195 RIVER	(First)	(Middle)			Relationship of Reporting Perso (Check all applicable) Director		con(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
					X	Officer (give title below)	Other (spe below)		Individual or Joint	/Group Filing (Check	
(Street)				Senior VP, CF	,		X Form filed by One Reporting Person				
MARIETTA	PA	17547							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock						984	D				
Class B Common Stock						437	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Underlying Derivative Security (I			4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	1 Title		Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Option			09/01/2003	04/17/2008	Cla	ass A Common Stock	20,000	9	D		

Explanation of Responses:

<u>Jeffrey D. Miller</u>

05/20/2005

** 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 5 (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).