FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 0.5

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]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director X 10% Own					
(Last) (First) (Middle) 1195 RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2010									Office below	er (give title w)	e Other below		(specify	
(Street) MARIET (City)			17547 (Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriva	ative	Secu	ıritie	s Acq	uired,	Dis	posed o	f, or I	3enef	iciall	y Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		Transaction Dispo		Disposed	curities Acquired (A) osed Of (D) (Instr. 3, 4			Securi Benefi	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A (D	or F	rice	Transa	action(s) 3 and 4)			(111511.4)			
Class B C	ommon St	ock	/2010	2010		P		301		A !	\$17.20	6 4,1	,198,339)					
Class A Common Stock															8,3	355,184	Γ)		
		Т	able II -								sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable ai Expiration Date (Month/Day/Year)		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Di Si (II	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or II (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er							

Explanation of Responses:

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

12/07/2010

** Signature of Reporting Person

Date

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

- * 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.