FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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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 [DGICA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) 1195 RIV	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/06/2007										Office below	er (give title v)	Other (sp below)		
(Street) MARIET (City)			1 7547 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
		Tabl	e I - No	n-Deriva	ative	Sec	uritie	s Acc	μired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed			
Date				2. Transa Date (Month/D	Execution (ay/Year) if any		kecution any	Deemed ecution Date, ny onth/Day/Year)				rities Acquired (A) ed Of (D) (Instr. 3, 4			l and Secur Benef		cially I 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)	Price		Transa	action(s) 3 and 4)			(
Class A Common Stock 11/			11/06/	/2007	2007		P		15,000)	A	\$16.93		8,178,517			D			
Class B C	B Common Stock														4,099,967			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, Transac Code (In					6. Date E Expiratio (Month/D	n Dat	e Amount of		str. 3		vative (urity (r. 5) I	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	(((10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber						

Explanation of Responses:

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

11/06/2007

** 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).