FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| l | 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

| | | | | | _ | | . , | | | | | | | | | | | | | |
|--|---|--|----------|----------|-------|--|---|---|-----------------|-----------------------------|-------------------------|---|---------------------------------------|---|---|--|---|--|--|--|
| | | | | | | 2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [dgica] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| MIKUL | AUS DU | NALD II | | | | | | | | | | | | X | Direc | ctor | 10 | % Owner | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | Officer (give title below) | | | ner (specify ow) | | |
| ` ' ' ' | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2004 | | | | | | | | President and CEO | | | | | |
| PO BOX | 286 | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| SILVER | D.4 | | | | | | | | | | | | | Line) | Forn | n filed by One | - Renorting F | Person | | |
| SPRING | PA | 1 | 7575 | | | | | | | | | | | | | n filed by More than One Reporting | | | | |
| - | | | | | - | | | | | | | | | | Pers | on | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quired | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | s Acquir of (D) (Ins | ed (A) or tr. 3, 4 a | nd 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (111501.4) | | |
| Class A Common Stock ⁽¹⁾ 01/02/20 | | | | | | |)04 | | A | v | 1,703 | A | \$11 | 1.4495 | | ,930.513 | D | | | |
| Class A Common Stock ⁽²⁾ 01/02/20 | | | | | |)04 | | A | | 175 | A | \$2 | 2.02 | 130 | ,105.513 | D | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 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, | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc tion Da l/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. Employee Stock Purchase Plan
- 2. Directors Equity Incentive Plan

Donald H. Nikolaus

01/05/2004

** 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.