FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL												
OMB Number:	3235-0287											
Estimated average burd	en											
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]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 1195 RIVER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2004										icer (give title ow)		• •	(specify	
(Street) MARIETTA PA 17547 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo Fo	′				
		Tabl	e I - Nor	n-Deriva	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr. 5) 4. Securities Acq Disposed Of (D) (5)			quired (Instr.	(A) or 3, 4 ar	nd Sec Ben Owr	mount of urities eficially led Following orted	Foi (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D) or))	Price	Trar	saction(s) r. 3 and 4)			(111501.4)	
Class B Common Stock 12/09/2						2004		P		400 A		\$20	.43 2	2,017,369		D				
		Та									sed of, onvertib				/ Owne	d				
1. Title of Derivative Security (Instr. 3)			Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price o Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Exercisal		Date	Title	Sha	res						

Explanation of Responses:

Ralph G. Spontak, Sr. VP, Secretary and CFO

12/10/2004

** 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.