FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049

OMB APPROVAL									
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 [DGICB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) 1195 RIV	(Fir	sst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Officer (give title below)									Other (below)	(specify			
(Street) MARIET (City)			.7547 Zip)		4. If	/									o Filing (Check Applicable e Reporting Person re than One Reporting				
		Tabl	e I - Nor	-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	efici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)			rities Acquired (A) o ed Of (D) (Instr. 3, 4			nd Secu Bene	ficially ed Following	Form (D) o	vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or D)	Price	Trans	action(s) . 3 and 4)			(111501.4)
Class B C	Class B Common Stock 08/25/				5/2010	2010		P		9,738		A	\$2	20 4,	1,189,972		D		
Class A C	lass A Common Stock													8,355,184			D		
		Та									sed of, onvertib				y Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	Date, Transaction					6. Date E Expiratio (Month/E	n Dat	Amour Securi Underl Deriva		unt of crities erlying vative crity (Ins	str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)) F D (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of Sha	ber					

Explanation of Responses:

<u>Jeffrey D. Miller, Sr. VP & Chief Financial Officer</u>

08/25/2010

** 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).