FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES** hours per response: 0.5

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* SZADY ANNETTE BROOKENS	2. Date of E Requiring S (Month/Day 04/16/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]						
(Last) (First) (Middle) 1195 RIVER ROAD P.O. BOX 302 (Street)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)		10% C	Owner 6 ((specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One		
MARIETTA PA 17547 (City) (State) (Zip)	-						Reporting		
Ta	able I - Non	-Derivati	ve Se	curities Benefic	cially O	wned			
1. Title of Security (Instr. 4)				unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Expira		Date Exercisable and piration Date onth/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	_	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

No securities are beneficially owned.

<u>Jeffrey D. Miller, by</u> power of attorney

04/27/2020

OMB APPROVAL

** Signature of Reporting

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 5 (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.