FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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]									heck all a	ship of Reportir applicable) rector		s) to Is		
(Last) 1195 RIV	(Fir	st) (Middle)			Date of 22/20		st Trans	saction (Month/Day/Year)							ficer (give title low)		Other (sp below)		
(Street) MARIET (City)			.7547 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or l	Bene	ficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transposite (Month/L					Execution Date,		Transaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				d Sed Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D) or)	Price	Trai	nsaction(s) tr. 3 and 4)			(Instr. 4)	
Class B Common Stock 11/22/					2/2006	2006		P		134		A	\$1	7 :	3,848,626	D				
Class B Common Stock 11/2				11/24	24/2006				P		134		A	\$16 .	95	3,848,760	D			
		Та									sed of, onvertib				/ Owne	d				
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,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/E	n Dat		Amount of			8. Price of Derivativ Security (Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	: t (D) lirect	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

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

11/27/2006

** 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).