## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPRO	VAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions F	Reported.	File	ed pursuant to or Section	Section 30(h)	on 16(a of the	) of the Invest	e Secur ment C	ities Excha ompany Ac	nge Act t of 194	of 1934 0						
1. Name and Address of Reporting Person*  GLATFELTER PHILIP H II			2. Issuer Name and Ticker or Trading Symbol  DONEGAL GROUP INC [ dgica ]						Relationship of Reporting F (Check all applicable)     X Director				. ,	Issuer Owner			
(Last) (First) (Middle) 951 CHESTNUT STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003					Year)	Officer (give title below)				Othe belo	er (specify w)		
(Street) COLUMI (City)			7512 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					erson
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					or Disposed	Securit Benefic		ies O		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
								Amou	nt	(A) or (D)	(A) or (D) Price		Issuer's	s Fiscal ind		rect (I) r. 4)	(Instr. 4)
Class A Common Stock			11/17/2003	<b>J</b> (1)		.)		35 A \$1		\$19.3	.3 4,26		265		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed . 3, 4	Expir (Mon	te Exerciation Day/N	Expiration	Amount of Securities Underlying Derivative Security (Instr. and 4)  Amou or Numb		ount nber				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

## Explanation of Responses:

1. Dividend Reinvestment Plan

Ralph G. Spontak per power of attorney 02/17/2004

\*\* 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.