FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN RENEE	ICIAI	OWNERS	SHIP
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OMB APPROVAL OMB Number: Estimated average burden 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* <u>DONEGAL MUTUAL INSURANCE CO</u>						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICB]										o of Reportin dicable) ctor		s) to Is	
(Last) 1195 RIV	(Last) (First) (Middle) 1195 RIVER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2007									Office below	er (give title v)		Other (specif below)	
(Street) MARIET (City)			.7547 Zip)		4. If	Line) X Form								or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting					
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 ar		and 5) Secur Benet		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) oi (D)	Price		Transa	action(s) 3 and 4)			(
Class B Common Stock			05/02/2	2007	007			P		356	A	\$16	6.9673		3,932,979				
Class A Common Stock												8,132,884		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)	ecurity Conversion Date (Month/Day/Year)		Execution if any			ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da /Day/Y		Amount of		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

Jeffrey D. Miller, Sr. VP & **Chief Financial Officer**

05/03/2007

** 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).