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 APP	ROVAL
OMB Number:	3235-0287
Estimated average I	burden
hours per respense	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* DONEGAL MUTUAL INSURANCE CO				2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICB]									elationshi eck all app Dired	,	g Perso	on(s) to Is			
(Last) (First) (Middle) 1195 RIVER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2006									Offic belo	er (give title w)		Other (specify below)			
(Street) MARIET (City)			.7547 Zip)		4. If	Line) X F) K Forn Forn	al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting ferson					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Instr. 5)					Secur Benef	icially d Following	Form:	nership Direct Indirect etr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)				(1130. 4)	
Class B Common Stock			08/15/	/2006				P		680		A	\$16.5	3,8	836,543		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)	erivative Conversion Date Execution Decurity or Exercise (Month/Day/Year) if any		Date,	Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

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

08/15/2006

** 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.