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GILMARTIN Form 4 June 28, 2000	N PATRICIA A										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMIS									OMB APPROVAL		
UNITED STATES SECUR				RITIES AND EXCHANGE COMMISSIO shington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNE					Expires:	January 31,	
								NERSHIP OF	Estimated a	2005 average	
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5		report to (Section 1	S(a) of the	Securit	ios F	vehane	ge Act of 1934,	response	0.5	
obligation	¹⁸ Section 17						-	f 1935 or Sectio	n		
may conti <i>See</i> Instru 1(b).	nue.		of the In	•	•	· ·			11		
(Print or Type R	lesponses)										
GILMARTIN PATRICIA A Symbol			r Name and Ticker or Trading GAL GROUP INC [DGICB]				5. Relationship of Reporting Person(s) to Issuer				
				f Earliest Transaction				(Check all applicable)			
			Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Streat) 4 TC 4			endment, Date Original 6. In nth/Day/Year) Appl _X_ 								
							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
MARIETTA, PA 17547								Form filed by More than One Reporting			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Class B Common Stock	06/27/2006			S	736	D	\$ 18.7	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
GILMARTIN PATRICIA A 11 PAJILL DRIVE MARIETTA, PA 17547	Х						
Signatures							
Jeffrey D. Miller, as Power of Attorney	06/28/2006						
**Signature of Reporting Person		Date					

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.