## Edgar Filing: DONEGAL GROUP INC - Form 4

DONEGAL	GROUP INC										
Form 4 March 03, 20	005										
									OMB AI	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Section 16.				NGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Expires: January 20 Estimated average burden hours per		
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed pur ns Section 17(	a) of the P	ublic Ut		ing Com	ipany	Act of	ge Act of 1934, f 1935 or Sectio 40	response n	0.5	
(Print or Type F	Responses)										
DONEGAL MUTUAL Sy			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
			DONEGAL GROUP INC [DGICB] 3. Date of Earliest Transaction				ICD	(Check all applicable)			
(Idat) (First) (Middle) 1195 RIVER ROAD (Street)			(Month/Day/Year) 03/03/2005					DirectorOfficer (give titleOther (specify below)Other (specify below)			
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
MARIETTA	A, PA 17547							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	on(A) or Di (D) (Instr. 3,	spose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class B Common Stock	03/03/2005			Code V P	Amount 4,334	(D) A	Price \$ 21.9		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 ( Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code	4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
DONEGAL MUTUAL INSURANCE CO 1195 RIVER ROAD MARIETTA, PA 17547		Х				
Signatures						
Ralph G. Spontak, Sr VP, Secretary and CFO	0	3/03/2005				
**Signature of Reporting Person		Date				
Explanation of Deepener						

## **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.