FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNEDSHID

l	OMB APPROVAL									
l	OMB Number:	3235-0362								
l	Estimated average burden									
l	hours per response:	1.0								

Form 3 Ho	OWNEROIM									hou	rs per res	ponse:	1.0					
Form 4 Tr	ansactions Rep	oorted.	File	ed pursuant to or Sectior					irities Excha Company Ac			34						
1. Name and Address of Reporting Person* <u>LINDNER CARL H</u>				2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC [AFG]							ck all applica Director	ble)	rting Person(s) to Is		Owner			
(Last) ONE EAST	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003						X	X Officer (give title Other (specification) Chairman of the Board										
(Street) CINCINNATI OH 45202				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State																	
		Tabl	e I - Non-Deriv		uriti	es Ac	cquire		•				Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			osed Of	Of 5. Amount of Securities Beneficially Owned at end o		6. Ownershi Form: Direct (D) or Indirect (I)				
				(montain Day) Tear)		9,		Amount (A		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common St	tock		11/14/2003			G		100		D	\$0		3,858,197		I		ndirect	
Common St	tock											4,858,643		I		ndirect 2 ⁽²⁾		
Common St	tock											1,947,161		I		ndirect 3 ⁽³⁾		
Common St	tock											537,779		I		ndirect 5 ⁽⁴⁾		
		Ta	able II - Deriva (e.g., p	tive Secui outs, calls,									Owned					
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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exc				7. Title and Amo of Securities Underlying Deri Security (Instr. : 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	ive Owne ties Form cially Direct or Ind ing (I) (Insect		Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	O N	mount r umber of hares	er of					
Deferred	¢26.53							5)	(5)	Comm	on _	202144		E2 202	144(5)	т.	41(1)	

Explanation of Responses:

- 1. Indirect #1: By Carl H. Lindner Jr., et al., Trustee for the Carl H. Lindner Amended and Restated Family Trust dated 12/23/83.
- 2. Indirect #2: By Edyth B. Lindner, Spouse.
- 3. Indirect #3: By Lou Ann Flint, Trustee of the Edyth B. Lindner 2002-2 Qualified Annuity Trust U/A dated 8/19/02.
- 4. Indirect #5: Indiana Premier Fund, LLC, a limited liability company directly or indirectly wholly-owned by the Reporting Person.
- 5. Represents amounts deferred by the Reporting Person in the Issuer's Deferred Compensation Plan. The account value increases or decreases based on the value of the Issuer's common stock. Upon termination of employment or earlier, if so elected, the Reporting Person's account balance may be distributed, at the option of the Issuer, either in cash or in shares of the Issuer's common stock.

Remarks:

Obligation

Carl H. Lindner By: Karl J. Grafe, as Attorney-in-Fact

12/11/2004

** 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.