FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 1.0

	Form 3 Holdings Reported.
\Box	Form 4 Transactions Reported.

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Form 4 Tra	ansactions Rep	orted.	⊢II	ed pursuant to or Sectio					Company Ac									
1. Name and Address of Reporting Person* RUNK FRED J					2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC AFG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (spec					er
(Last) (First) (Middle) ONE EAST FOURTH STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003								X	X Officer (give title Officer (specific below) below) Sr. Vice President & Treasurer					Cony
(Street) CINCINNATI OH 45202 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non-Deri	vative Sec	uriti	es A	cquir	ed, D	isposed	of, or I	Beneficia	illy (Owned					
			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da if any (Month/Day/)	·	Code		4. Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)			r Disposed (5. Amour Securitie Beneficia Owned at			Form: Direct Ir (D) or B		7. Nature of ndirect Beneficial Ownership	
				((5,		ınt	(A) or (D) Price		;	Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common St	ock											251,32	25	D				
Common Stock													6,552.7 I			ESPP ⁽¹⁾		
Common Stock													1,378.7422 I			DRIP ⁽²⁾		
		Т	able II - Deriva (e.g.,	ative Secu puts, calls									wned					
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)	of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			Securiti	and Amount es Underlyii ve Security and 4) Amount Number	or	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
D. C					(A)	(D)		ercisable Date		Title	Shares	<u>" </u>					_	
Deferred Compensation	\$26.53						(3	3)	(3)	Commo	n 13,220.1	599		13,220	.1599 ⁽³⁾	D		

Explanation of Responses:

- 1. Shares allocated to the Reporting Person's account under the Issuer's Employee Stock Purchase Plan (the "ESPP") in 2003 at prices ranging from \$21.52 to \$22.95 per share. All ESPP information reporting herein is based on a plan statement dated as of December 31, 2003.
- 2. These shares were purchased in 2003 at prices ranging from \$21.27 to 23.01 per share in the Issuer's Dividend Reinvestment Plan (the "DRIP"). All DRIP information reported herein is based on a plan statement dated as of December 31, 2003.
- 3. 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:

Fred J. Runk

02/13/2004

** 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.