





Form 13F Filer Information

0001042046 XXXXXXXXX File Number 12-31-2023
Filer CIK Filer CCC Period
Is this a LIVE or TEST Filing?  Radio button checked LIVE  Radio button not checked TEST
Would you like a return copy?  Checkbox not checked YES
Is this an electronic copy of an official filing submitted in paper format?  Checkbox not checked YES

Submission Contact Information

Name
Phone
Email Address

Notification Information

Notify via Filing website only?  Checkbox not checked YES
Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

Notification Email Addresses:



United States
Securities and Exchange
Commission
Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0006
Estimated Average burden	
hours per response.....	23.8

Form 13F

Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 12-31-2023
Check here if Amendment: Amendment Number:

This Amendment (Check only one.):  Checkbox not checked is a restatement.
 Checkbox not checked adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name: AMERICAN FINANCIAL GROUP INC
GREAT AMERICAN INSURANCE GROUP TOWER
301 E. 4TH STREET
Address: CINCINNATI OH 45202

Form 13F File Number: 028-04389

CRD Number (if applicable):

SEC File Number (if applicable):



The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: Robert A. Dee
Title: Assistant Vice President and Controller
Phone: 513-579-2153




Signature, Place, and Date of Signing:

/s/ Robert A. Dee CINCINNATI, OHIO 02-12-2024
[Signature] [City, State] [Date]

Do you wish to provide information pursuant to Special Instruction 5?  Radio button not checked Yes  Radio button checked No

Additional Information

Report Type (Check only one.):

-  Checkbox checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)
-  Checkbox not checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)
-  Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

Form 13F Summary Page

Report Summary:

Number of Other Included Managers: 1
Form 13F Information table Entry Total: 100
Form 13F Information table Value Total: 271901
(round to nearest dollar)

List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

No.	Name	Form 13F File No.	CRD No. (if applicable)	SEC File No. (if applicable)	CIK
1	Great American Insurance Company	028-00498			
[Repeat as necessary.]					

Form 13F Filer Information

Filer CIK Filer CCC File Number Period

Is this a LIVE or TEST Filing?

LIVE TEST

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Name

Phone

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Notification Email Addresses:

United States
Securities and Exchange
Commission
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0006
Estimated Average burden hours per response.....23.8

Form 13F

Form 13F Cover Page

Report for the Calendar Year or Quarter Ended:

Check here if Amendment: Amendment Number:

This Amendment (Check only one.): Checkbox not checked is a restatement.
Checkbox not checked adds new holdings entries.

Institutional Investment Manager Filing this Report:

Name:

Address:

Form 13F File Number:

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.



Person Signing this Report on Behalf of Reporting Manager:

Name:

Title:
Phone:




Signature, Place, and Date of Signing:

[Signature] , [Date]
[City, State]

Do you wish to provide information pursuant to Special Instruction 5?  Yes  No

Additional Information

Report Type (Check only one.):

-  13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)
-  13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)
-  13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)