FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

hington, D.C. 20549

. 0 0	
	Wasl
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STATEMENT
matruction I(b).	\sim 1

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3 Ho	ldings Reporte	d.												Lilou	ii a per rea	ропас.		1.0
Form 4 Tra	ansactions Rep	orted.	File	ed pursuant to or Section					rities Excha ompany Ac									
1. Name and Address of Reporting Person* JENSEN KEITH A				2. Issuer Name and Ticker or Trading Symbol AMERICAN FINANCIAL GROUP INC AFG]						(Che	ck all applica Director	able)	ŕ		Issuer Owne	er		
(Last) (First) (Middle) ONE EAST FOURTH STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						, x	X Officer (give title Offier (Specify below) Sr. Vice President							
(Street) CINCINNA (City)	TI OH		5202 p)	4. If Amendment, Date of Original Filed (Month/Day/Year) 02/13/2009							Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	e I - Non-Deriv	ative Secu	ıritie	s Ac	quire	ed, Di	sposed (of, or	Benef	ficially	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.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)					<u> </u>		Form: [(D) or	Form: Direct		7. Nature of Indirect Beneficial Ownership	
				(,, 6,			Amour	nt	(A) or (D)	Price		Issuer's Fis Year (Instr. 4)	scal	al (Instr. 4		(Instr.	
Common St	ımon Stock												24,765		D			
Common St	mmon Stock												719		I		401-	K ⁽¹⁾⁽²⁾
	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)	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	r osed) r. 3, 4	Expiration Date (Month/Day/Year) of Securiti Underlying Derivative (Instr. 3 and			curities rlying ative Sec . 3 and 4	curity) nount	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	ive ies cially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	of	ımber						
Deferred Compensation	\$22.87						((3)	(3)	Comn		,519.13		13,51	19.13	D		

Explanation of Responses:

- 1. The Company's Retirement and Savings Plans. The number of shares of Common Stock which would be represented by the value of the Reporting Person's Company Securities Funds account in the Issuer's Retirement and Savings Plan is based on a statement dated as of 12/31/08.
- 2. This amendment is being filed to correct the Reporting Person's year-end balance in the Issuer's RASP.
- 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:

Keith A. Jensen By: Karl J. Grafe, as Attorney-in-Fact

03/05/2009

** 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.