

**ACE LTD**  
Reported by  
**ENGESTROM JOHN**

**FORM 3**  
(Initial Statement of Beneficial Ownership)

Filed 06/09/99 for the Period Ending 06/02/99

Telephone	441 295 5200
CIK	0000896159
Symbol	ACE
SIC Code	6331 - Fire, Marine, and Casualty Insurance
Industry	Insurance (Prop. & Casualty)
Sector	Financial
Fiscal Year	12/31

# ACE LTD

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 6/9/1999 For Period Ending 6/2/1999

Address	ACE BLDG 30 WOODBOURNE AVE HAMILTON HM 08 BERMU, 00000
Telephone	809-295-5200
CIK	0000896159
Industry	Insurance (Prop. & Casualty)
Sector	Financial
Fiscal Year	12/31

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**OMB APPROVAL**  
OMB Number 3235-0104  
Expires: September 30, 1998  
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# U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM 3

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person\*

**ENGESTROM John**

(Last) (First) (Middle)

c/o ACE Limited  
The ACE Building, 30 Woodbourne Avenue

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(Street)

**Hamilton HM 08 BERMUDA**

(City) (State) (Zip)

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2. Date of Event Requiring Statement (Month/Day/Year)

June 2, 1999

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

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4. Issuer Name and Ticker or Trading Symbol

ACE Limited (NYSE: ACL)

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5. Relationship of Reporting Person to Issuer  
(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

President and Chief Executive Officer, Tempest Reinsurance Company Limited

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6. If Amendment, Date of Original (Month/Day/Year)

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7. Individual or Joint/Group Filing (Check applicable line)

Form Filed by One Reporting Person

Form Filed by More than One Reporting Person





