

ACE LTD
Reported by
SCHMALZRIEDT GARY T

FORM 5
(Annual Statement of Changes in Beneficial Ownership)

Filed 02/13/01 for the Period Ending 12/31/00

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 5

(Annual Statement of Changes in Beneficial Ownership)

Filed 2/13/2001 For Period Ending 12/31/2000

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

U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

FORM 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Form 3 Holdings Reported

Form 4 Transactions Reported

1. Name and Address of Reporting Person*

SCHMALZRIEDT Gary T.

(Last) (First) (Middle) c/o ACE Limited The ACE Building, 30 Woodbourne Ave.

(Street)

Hamilton HM 08 BERMUDA

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

ACE Limited (NYSE: ACL)

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

4. Statement for Month/Year

December 2000

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

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

Director 10% Owner

Officer (give title below) Other (specify below)

President and Chief Executive Officer, ACE Bermuda Insurance Ltd.

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

Form filed by one Reporting Person

Form filed by more than one Reporting Person

