

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: GENERAL ELECTRIC INSURANCE PLAN TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GENERAL ELECTRIC COMPANY, OPERATING AS GE AEROSPACE
2b Employer Identification Number (EIN): 14-0689340
2c Plan Sponsor's telephone number: 800-432-3450
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GENERAL ELECTRIC INSURANCE PLAN TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL ELECTRIC COMPANY, OPERATING AS GE AEROSPACE	D Employer Identification Number (EIN) 14-0689340	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DELOITTE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	210145	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	182008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

TRIDENT V LIMITED PARTNERSHIP

98-0613069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	176240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19 50 62	ACCOUNTING/CU STODIAN	23798	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ALBOURNE LLC

91-2614625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	22500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CENTERBRIDGE SPECIAL CREDIT PARTNER

80-0521543

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	6726	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GENERAL ELECTRIC INSURANCE PLAN TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GENERAL ELECTRIC COMPANY, OPERATING AS GE AEROSPACE</u>	D Employer Identification Number (EIN) <u>14-0689340</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GE LIFE,DISABILITY AND MEDICAL PLAN	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-502
a	Plan name	GE PUERTO RICAN LTD INSURANCE PLAN	
b	Name of plan sponsor	GEA CARIBBEAN EXPORT LLC	c EIN-PN 66-0549331-503
a	Plan name	GE HEALTH CHOICE PLAN	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-551
a	Plan name	GE HEALTH BENEFITS FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-552
a	Plan name	GE HEALTH CHOICE PLAN FOR RETIREES	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-553
a	Plan name	GE HEALTH BENEFITS FOR PRODUCTION RETIREES PLAN	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-554
a	Plan name	GE RETIREE MEDICAL PLAN	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-555
a	Plan name	GE HEALTHCARE FLEXIBLE COMPENSATION PLAN	
b	Name of plan sponsor	GE HEALTHCARE TECHNOLOGIES INC.	c EIN-PN 88-2515116-505
a	Plan name	GE VERNOVA FLEXIBLE COMPENSATION PLAN	
b	Name of plan sponsor	ROPCOR, INC.	c EIN-PN 61-1399608-520
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GENERAL ELECTRIC INSURANCE PLAN TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL ELECTRIC COMPANY, OPERATING AS GE AEROSPACE	D Employer Identification Number (EIN) 14-0689340

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	11802304	12662187
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	206290	69790
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	989902	1293044
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	6379799	4351227
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19378295	18376248
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2022965	3210733
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2022965	3210733
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17355330	15165515

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	765056	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		765056
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	446028	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		446028
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2802290	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2359412	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		442878
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		21859
d Total income. Add all income amounts in column (b) and enter total	2d		1675821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	210145	
(5) Investment advisory and investment management fees	2i(5)	164055	
(6) Bank or trust company trustee/custodial fees	2i(6)	23798	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	182569	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		580567
j Total expenses. Add all expense amounts in column (b) and enter total	2j		580567

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1095254
l Transfers of assets:			
(1) To this plan	2l(1)		899399273
(2) From this plan	2l(2)		902684342

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH									
924QSGII3	SSI US GOV MONEY MARKET CLASS	12,193,638.60		STATE STREET INST US GOV	0.00	1.000	12/31/2050	12,193,638.60	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		10,276,202.11	STATE STREET INST US GOV	0.00	1.000	12/31/2050	10,276,202.11	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,415,277.57	STATE STREET INST US GOV	0.00	1.000	12/31/2050	1,415,277.57	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	16,742,653.21		STATE STREET INST US GOV	0.00	1.000	12/31/2050	16,742,653.21	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		17,504,646.81	STATE STREET INST US GOV	0.00	1.000	12/31/2050	17,504,646.81	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		925,675.00	STATE STREET INST US GOV	0.00	1.000	12/31/2050	925,675.00	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	19,735,170.15		STATE STREET INST US GOV	0.00	1.000	12/31/2050	19,735,170.15	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		14,997,780.67	STATE STREET INST US GOV	0.00	1.000	12/31/2050	14,997,780.67	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,926,598.70	STATE STREET INST US GOV	0.00	1.000	12/31/2050	1,926,598.70	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	15,551,900.00		STATE STREET INST US GOV	0.00	1.000	12/31/2050	15,551,900.00	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		2,823,873.28	STATE STREET INST US GOV	0.00	1.000	12/31/2050	2,823,873.28	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		6,165,700.90	STATE STREET INST US GOV	0.00	1.000	12/31/2050	6,165,700.90	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	3,590,757.35		STATE STREET INST US GOV	0.00	1.000	12/31/2050	3,590,757.35	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		2,532,182.69	STATE STREET INST US GOV	0.00	1.000	12/31/2050	2,532,182.69	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		906,901.59	STATE STREET INST US GOV	0.00	1.000	12/31/2050	906,901.59	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	7,940,632.52		STATE STREET INST US GOV	0.00	1.000	12/31/2050	7,940,632.52	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		17,231,835.75	0.00	17,231,835.75	1.000	12/31/2050	17,231,835.75	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,327,731.24	0.00	1,327,731.24	1.000	12/31/2050	1,327,731.24	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	29,047,836.29		0.00	0.00	1.000	12/31/2050	29,047,836.29	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		7,856,957.71	0.00	7,856,957.71	1.000	12/31/2050	7,856,957.71	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,364,801.63	0.00	8,364,801.63	1.000	12/31/2050	8,364,801.63	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,866,367.04	0.00	1,866,367.04	1.000	12/31/2050	1,866,367.04	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,050,600.00	0.00	9,050,600.00	1.000	12/31/2050	9,050,600.00	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	5,723,676.27		0.00	0.00	1.000	12/31/2050	5,723,676.27	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	12,753,920.52		0.00	0.00	1.000	12/31/2050	12,753,920.52	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,284,556.26	0.00	1,284,556.26	1.000	12/31/2050	1,284,556.26	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,860,791.38	0.00	8,860,791.38	1.000	12/31/2050	8,860,791.38	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		4,902,166.53	0.00	4,902,166.53	1.000	12/31/2050	4,902,166.53	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	13,867,952.13		0.00	0.00	1.000	12/31/2050	13,867,952.13	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,827,353.18	0.00	9,827,353.18	1.000	12/31/2050	9,827,353.18	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	3,452,482.34		0.00	0.00	1.000	12/31/2050	3,452,482.34	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		5,964,932.56	0.00	5,964,932.56	1.000	12/31/2050	5,964,932.56	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
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PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS	7,064,305.50		STATE STREET INST US GOV	0.00	0.00	12/31/2050	7,064,305.50	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		3,217,650.44	STATE STREET INST US GOV	0.00	3,217,650.44	12/31/2050	3,217,650.44	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		6,007,140.80	STATE STREET INST US GOV	0.00	6,007,140.80	12/31/2050	6,007,140.80	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	10,639,781.40		STATE STREET INST US GOV	0.00	0.00	12/31/2050	10,639,781.40	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		3,491,428.82	STATE STREET INST US GOV	0.00	3,491,428.82	12/31/2050	3,491,428.82	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	12,560,513.41		STATE STREET INST US GOV	0.00	0.00	12/31/2050	12,560,513.41	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		11,828,307.59	STATE STREET INST US GOV	0.00	11,828,307.59	12/31/2050	11,828,307.59	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,521,436.12	STATE STREET INST US GOV	0.00	8,521,436.12	12/31/2050	8,521,436.12	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,255,470.96	STATE STREET INST US GOV	0.00	1,255,470.96	12/31/2050	1,255,470.96	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	11,053,883.88		STATE STREET INST US GOV	0.00	0.00	12/31/2050	11,053,883.88	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		4,148,799.59	STATE STREET INST US GOV	0.00	4,148,799.59	12/31/2050	4,148,799.59	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,545,820.74	STATE STREET INST US GOV	0.00	1,545,820.74	12/31/2050	1,545,820.74	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	9,505,371.61		STATE STREET INST US GOV	0.00	0.00	12/31/2050	9,505,371.61	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,689,592.00	STATE STREET INST US GOV	0.00	1,689,592.00	12/31/2050	1,689,592.00	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	8,704,699.94		STATE STREET INST US GOV	0.00	0.00	12/31/2050	8,704,699.94	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		10,088,573.38	STATE STREET INST US GOV	0.00	10,088,573.38	12/31/2050	10,088,573.38	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		2,807,287.85	STATE STREET INST US GOV	2,807,287.85	1.000	12/31/2050	2,807,287.85	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,519,081.51	STATE STREET INST US GOV	1,519,081.51	1.000	12/31/2050	1,519,081.51	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS	1,952,495.81		STATE STREET INST US GOV	0.00	1.000	12/31/2050	1,952,495.81	0.00
				0.00	0.00				
924QSGII3	SSI US GOV MONEY MARKET CLASS		7,342,100.02	STATE STREET INST US GOV	7,342,100.02	1.000	12/31/2050	7,342,100.02	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,301,479.76	STATE STREET INST US GOV	1,301,479.76	1.000	12/31/2050	1,301,479.76	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		21,776,767.71	STATE STREET INST US GOV	0.00	1.000	12/31/2050	21,776,767.71	0.00
				0.00	0.00				
924QSGII3	SSI US GOV MONEY MARKET CLASS		11,784,647.97	STATE STREET INST US GOV	11,784,647.97	1.000	12/31/2050	11,784,647.97	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,224,348.68	STATE STREET INST US GOV	1,224,348.68	1.000	12/31/2050	1,224,348.68	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS	13,000,000.00		STATE STREET INST US GOV	0.00	1.000	12/31/2050	13,000,000.00	0.00
				0.00	0.00				
924QSGII3	SSI US GOV MONEY MARKET CLASS		6,776,831.80	STATE STREET INST US GOV	6,776,831.80	1.000	12/31/2050	6,776,831.80	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		4,891,433.17	STATE STREET INST US GOV	0.00	1.000	12/31/2050	4,891,433.17	0.00
				0.00	0.00				
924QSGII3	SSI US GOV MONEY MARKET CLASS		956,433.89	STATE STREET INST US GOV	956,433.89	1.000	12/31/2050	956,433.89	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,658,221.66	STATE STREET INST US GOV	9,658,221.66	1.000	12/31/2050	9,658,221.66	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS		3,415,230.54	STATE STREET INST US GOV	3,415,230.54	1.000	12/31/2050	3,415,230.54	0.00
				0.00					
924QSGII3	SSI US GOV MONEY MARKET CLASS	9,349,359.43		STATE STREET INST US GOV	0.00	1.000	12/31/2050	9,349,359.43	0.00
				0.00	0.00				
924QSGII3	SSI US GOV MONEY MARKET CLASS		11,647,346.73	STATE STREET INST US GOV	11,647,346.73	1.000	12/31/2050	11,647,346.73	0.00
				0.00					

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,992,791.88	0.00	1,992,791.88	1.000	12/31/2050	1,992,791.88	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	2,805,971.88		0.00	0.00	1.000	12/31/2050	2,805,971.88	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,060,307.49	0.00	9,060,307.49	1.000	12/31/2050	9,060,307.49	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		13,056,893.34	0.00	13,056,893.34	1.000	12/31/2050	13,056,893.34	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	21,082,326.93		0.00	0.00	1.000	12/31/2050	21,082,326.93	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		12,570,822.51	0.00	12,570,822.51	1.000	12/31/2050	12,570,822.51	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,040,921.48	0.00	1,040,921.48	1.000	12/31/2050	1,040,921.48	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	15,775,216.44		0.00	0.00	1.000	12/31/2050	15,775,216.44	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,444,909.76	0.00	9,444,909.76	1.000	12/31/2050	9,444,909.76	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		11,186,558.66	0.00	11,186,558.66	1.000	12/31/2050	11,186,558.66	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,102,168.88	0.00	1,102,168.88	1.000	12/31/2050	1,102,168.88	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	11,018,682.27		0.00	0.00	1.000	12/31/2050	11,018,682.27	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	3,520,321.41		0.00	0.00	1.000	12/31/2050	3,520,321.41	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	8,024,896.44		0.00	0.00	1.000	12/31/2050	8,024,896.44	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		2,921,218.01	0.00	2,921,218.01	1.000	12/31/2050	2,921,218.01	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		12,200,288.51	0.00	12,200,288.51	1.000	12/31/2050	12,200,288.51	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		951,045.04	0.00	951,045.04	1.000	12/31/2050	951,045.04	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	14,243,082.36		0.00	0.00	1.000	12/31/2050	14,243,082.36	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,843,999.50	0.00	9,843,999.50	1.000	12/31/2050	9,843,999.50	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	5,089,124.19		0.00	0.00	1.000	12/31/2050	5,089,124.19	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		3,466,722.16	0.00	3,466,722.16	1.000	12/31/2050	3,466,722.16	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	1,047,389.29		0.00	1,047,389.29	1.000	12/31/2050	1,047,389.29	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	4,495,742.45		0.00	0.00	1.000	12/31/2050	4,495,742.45	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,794,599.70	0.00	8,794,599.70	1.000	12/31/2050	8,794,599.70	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	999,971.74		0.00	999,971.74	1.000	12/31/2050	999,971.74	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		921,564.47	0.00	921,564.47	1.000	12/31/2050	921,564.47	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	9,284,390.75		0.00	0.00	1.000	12/31/2050	9,284,390.75	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		2,462,140.01	0.00	2,462,140.01	1.000	12/31/2050	2,462,140.01	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	12,979,316.43		0.00	0.00	1.000	12/31/2050	12,979,316.43	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		13,771,098.95	0.00	13,771,098.95	1.000	12/31/2050	13,771,098.95	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	8,785,485.92		0.00	8,785,485.92	1.000	12/31/2050	8,785,485.92	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	22,946,123.80		0.00	0.00	1.000	12/31/2050	22,946,123.80	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		10,989,444.74	0.00	10,989,444.74	1.000	12/31/2050	10,989,444.74	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	10,652,297.58		0.00	0.00	1.000	12/31/2050	10,652,297.58	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		6,130,322.31	0.00	6,130,322.31	1.000	12/31/2050	6,130,322.31	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		6,529,673.36	0.00	6,529,673.36	1.000	12/31/2050	6,529,673.36	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,166,782.37	0.00	1,166,782.37	1.000	12/31/2050	1,166,782.37	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	10,736,346.73		0.00	0.00	1.000	12/31/2050	10,736,346.73	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		12,844,701.33	0.00	12,844,701.33	1.000	12/31/2050	12,844,701.33	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		4,642,681.51	0.00	4,642,681.51	1.000	12/31/2050	4,642,681.51	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	32,798,093.98		0.00	0.00	1.000	12/31/2050	32,798,093.98	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		14,025,784.39	0.00	14,025,784.39	1.000	12/31/2050	14,025,784.39	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		13,575,942.27	0.00	13,575,942.27	1.000	12/31/2050	13,575,942.27	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	15,768,863.65		0.00	0.00	1.000	12/31/2050	15,768,863.65	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		13,109,415.22	0.00	13,109,415.22	1.000	12/31/2050	13,109,415.22	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	9,674,306.70		0.00	0.00	1.000	12/31/2050	9,674,306.70	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,000,057.11	0.00	8,000,057.11	1.000	12/31/2050	8,000,057.11	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,558,900.00	0.00	8,558,900.00	1.000	12/31/2050	8,558,900.00	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,035,065.11	0.00	1,035,065.11	1.000	12/31/2050	1,035,065.11	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	19,534,136.41		0.00	0.00	1.000	12/31/2050	19,534,136.41	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		9,473,284.94	0.00	9,473,284.94	1.000	12/31/2050	9,473,284.94	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	18,815,605.16		0.00	0.00	1.000	12/31/2050	18,815,605.16	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,679,898.72	0.00	8,679,898.72	1.000	12/31/2050	8,679,898.72	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	966,553.44		0.00	966,553.44	1.000	12/31/2050	966,553.44	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	17,796,123.77		0.00	0.00	1.000	12/31/2050	17,796,123.77	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		13,342,479.64	0.00	13,342,479.64	1.000	12/31/2050	13,342,479.64	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	10,244,097.07		0.00	10,244,097.07	1.000	12/31/2050	10,244,097.07	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	4,219,956.25		0.00	0.00	1.000	12/31/2050	4,219,956.25	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		8,214,049.70	0.00	8,214,049.70	1.000	12/31/2050	8,214,049.70	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	939,198.97		0.00	939,198.97	1.000	12/31/2050	939,198.97	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	6,054,378.69		0.00	6,054,378.69	1.000	12/31/2050	6,054,378.69	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	5,136,654.09		0.00	0.00	1.000	12/31/2050	5,136,654.09	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS		1,026,978.24	0.00	1,026,978.24	1.000	12/31/2050	1,026,978.24	0.00
924QSGII3	SSI US GOV MONEY MARKET CLASS	1,138,408.00		0.00	0.00	1.000	12/31/2050	1,138,408.00	0.00

GE INSURANCE PLAN TRUST

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE	(H) CURR VALUE	(I) GAIN/LOSS
(C) PURCHASE PRICE	(D) SELLING PRICE						
924QSGII3	SSI US GOV MONEY MARKET CLASS	STATE STREET INST US GOV		1.000	12/31/2050		
	2,071,665.00	0.00	2,071,665.00			2,071,665.00	0.00
INTEREST BEARING CASH TOTALS							
		0.00	582,005,200.17			1,179,437,534.62	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON					
912LKE900	AG PRIVATE EQTY PARTRS IV AL P	NON SECURITY ASSET	5,357.14	1,024,567.00	1,019,209.86
	1,024,567.00	0.00			
CORPORATE STOCKS - COMMON TOTALS					
		0.00	5,357.14	1,024,567.00	1,019,209.86

GE INSURANCE PLAN TRUST

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 17,355,329.46

5% OF ASSET VALUE: 867,766.47

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE		
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS	
PARTN./JOINT VENTURE INTERESTS						

PARTN./JOINT VENTURE INTERESTS TOTALS						

		0.00	0.00	0.00	0.00	

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH		0.00	582,005,200.17		1,179,437,534.62	0.00
CERTIFICATES OF DEPOSIT		0.00		0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER		0.00		0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED		0.00		0.00	0.00	0.00
CORPORATE STOCKS - COMMON		0.00	5,357.14		1,024,567.00	1,019,209.86
PARTN./JOINT VENTURE INTERESTS		0.00		0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING		0.00		0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L		0.00		0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES		0.00		0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER		0.00		0.00	0.00	0.00
OTHER		0.00		0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS		0.00		0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS		0.00		0.00	0.00	0.00
103-12 INVESTMENTS		0.00		0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY		0.00		0.00	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT		0.00		0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **		0.00		0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS		0.00	582,010,557.31		1,180,462,101.62	1,019,209.86

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
INTEREST BEARING CASH									
924QSGII3	SSI US GOV MONEY MARKET CLASS		STATE STREET INST US GOV	1.000	12/31/2050				
148	600,765,347.53	183	600,209,185.99	0.00	600,209,185.99	331	1,200,974,533.52		0.00
INTEREST BEARING CASH TOTALS									
148	600,765,347.53	183	600,209,185.99	0.00	600,209,185.99	331	1,200,974,533.52		0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
CORPORATE STOCKS - COMMON								
912LKE900	AG PRIVATE EQTY PARTRS IV AL P	NON SECURITY ASSET						
0	0.00 1	1,024,567.00	0.00	5,357.14	1	1,024,567.00	1,019,209.86	
CORPORATE STOCKS - COMMON TOTALS								
0	0.00 1	1,024,567.00	0.00	5,357.14	1	1,024,567.00	1,019,209.86	

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS			
PARTN./JOINT VENTURE INTERESTS									

PARTN./JOINT VENTURE INTERESTS TOTALS									

0	0.00	0	0.00	0.00	0.00	0		0.00	0.00

GE INSURANCE PLAN TRUST
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 17,355,329.46
 5% OF ASSET VALUE: 867,766.47

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET	RATE	MAT DATE	(I) GAIN/LOSS				
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL (H) CURR VALUE				
INTEREST BEARING CASH								
148	600,765,347.53	183	600,209,185.99	0.00	600,209,185.99	331	1,200,974,533.52	0.00
CERTIFICATES OF DEPOSIT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON								
0	0.00	1	1,024,567.00	0.00	5,357.14	1	1,024,567.00	1,019,209.86
PARTN./JOINT VENTURE INTERESTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
POOLED SEPARATE ACCOUNTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS								
148	600,765,347.53	184	601,233,752.99	0.00	600,214,543.13	332	1,201,999,100.52	1,019,209.86
NON-REPORTABLE TRANSACTION TOTALS								
0	0.00	11	445,336.63	0.00	2,032.83	11	445,336.63	443,303.80

RUN DATE: 03/23/25

GE INSURANCE PLAN TRUST
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

THIS IS A COMPOSITE REPORT FOR:

GHH0	GE IPT - BLOOMBERG BARCLAYS
GHOU	SS MSCI ACWI IMI INDEX NL
GHOW	SS US HIGH YIELD BOND INDX QIB
GHOX	PUBLIC CREDIT AD HOC EXPOSURE
GHOY	US AGG AD HOC EXPOSURE
GH01	INTER. CORP. AD HOC EXPOSURE
GH0A	GE IPT-GENERAL FUND ACCOUNTING
GH0B	GE IPT CASH ALLOCATION
GH02	GE IPT-FI TAXABLE
GH04	GE IPT-INT'L
GH09	GE IPT DOMESTIC LT PARTNERSHIP
GH17	GE IPT HEDGE FUNDS
GH18	GE IPT INTL LT PARTNERSHIPS
GH19	IPT RESTRUCTURING
GH21	GE IPT GLOBAL EQUITY

GE INSURANCE PLAN TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

THIS IS A COMPOSITE REPORT FOR:

GH00 GE IPT - BLOOMBERG BARCLAYS
GH0U SS MSCI ACWI IMI INDEX NL
GH0W SS US HIGH YIELD BOND INDX QIB
GH0X PUBLIC CREDIT AD HOC EXPOSURE
GH0Y US AGG AD HOC EXPOSURE
GH01 INTER. CORP. AD HOC EXPOSURE
GH0A GE IPT-GENERAL FUND ACCOUNTING
GH0B GE IPT CASH ALLOCATION
GH02 GE IPT-FI TAXABLE
GH04 GE IPT-INT'L
GH09 GE IPT DOMESTIC LT PARTNERSHIP
GH17 GE IPT HEDGE FUNDS
GH18 GE IPT INTL LT PARTNERSHIPS
GH19 IPT RESTRUCTURING
GH21 GE IPT GLOBAL EQUITY

GE INSURANCE PLAN TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH					
	SSI US GOV MONEY MARKET CLASS	STATE STREET INST US GOV	1.000	12/31/2050	
		6,570,092.75		6,570,092.75	6,570,092.75
GH0A	924QSGI13	5,277,048.45		5,277,048.45	5,277,048.45
GH0B	924QSGI13	1,286,775.78		1,286,775.78	1,286,775.78
GH02	924QSGI13	6,268.45		6,268.45	6,268.45
GH19	924QSGI13	0.07		0.07	0.07
		-----		-----	-----
		6,570,092.75		6,570,092.75	6,570,092.75

GE INSURANCE PLAN TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE

CORPORATE STOCKS - COMMON					

	APAX US VII	LP			
GH18	03899M992	92,000.000 92,000.000		0.00 0.00	350,960.04 350,960.04
	APOLLO INVESTMENT FUND VI A LP	LIMITED PARTNERSHIP			
GH09	03999N940	88,000.000 88,000.000		0.00 0.00	255,392.02 255,392.02
	CENTERBRIDGE CRED PNRS	OFFSHORE LTD HEDGE FUND			
GH17	15299G920	9,834.000 9,834.000		0.00 0.00	63,565.00 63,565.00
	PROVIDENCE EQUITY PARTNERS VI	LIMITED PARTNERSHIP			
GH09	74399Z916	76,775.000 76,775.000		0.00 0.00	40,834.01 40,834.01
	TRIDENT IV	LP			
GH09	89699K930	75,000.000 75,000.000		0.00 0.00	0.00 0.00
	AG PRIVATE EQTY PARTRS IV AL P	NON SECURITY ASSET			
GH09	912LKE900	97,000.000 97,000.000		519,642.86 519,642.86	13,771.96 13,771.96
	WARBURG PINCUS PRIVATE EQUITY	LIMITED PARTNERSHIP			
GH09	93499Z915	60,000.000 60,000.000		0.00 0.00	292,828.02 292,828.02
	TRIDENT V A	LIMITED PARTNERSHIP			
GH09	981WJJ903	1.000 1.000		0.66 0.66	1,796,369.16 1,796,369.16
		-----		-----	-----
		498,610.000		519,643.52	2,813,720.21

GE INSURANCE PLAN TRUST
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
PARTN./JOINT VENTURE INTERESTS					
		APAX EUR VII SIDE CAR 2 A SUB LIMITED PARTNERSHIP			
		90,000.000		0.00	73,317.54
GH18	ACI00SQM7	90,000.000		0.00	73,317.54
		APAX EUROPE VII S C 1 A SUB FD LIMITED PARTNERSHIP			
		90,000.000		0.00	395,994.89
GH18	ACI00SQP0	90,000.000		0.00	395,994.89
		CENTERBRIDGE SPECIAL CR PTNRS LIMITED PARTNERSHIP			
		67,000.000		0.00	4,671.98
GH09	15099F924	67,000.000		0.00	4,671.98
		KELSO INVESTMENT ASSOC VII L P			
		79,000.000		0.00	25,737.02
GH09	487996951	79,000.000		0.00	25,737.02
		NEW SILK ROUTE PE ASIA			
		177,992.000		1,639,522.20	192,156.07
GH18	64899A966	177,992.000		1,639,522.20	192,156.07
		ODYSSEY INVESTMENT PTNRS IV			
		64,000.000		0.00	299,814.02
GH09	67699E914	64,000.000		0.00	299,814.02
		PINE BROOK CAP PARTNERS LP GH09			
		271,382.000		189.87	473,739.89
GH09	72299X957	271,382.000		189.87	473,739.89
		PROVIDENCE EQUITY PARTNERS V LIMITED PARTNERSHIP			
		81,579.000		0.00	492.98
GH09	74399U974	81,579.000		0.00	492.98
		WARBURG PINCUS PRIVATE EQ IX LIMITED PARTNERSHIP			
		67,000.000		0.00	22,368.02
GH09	93499B918	67,000.000		0.00	22,368.02
		APAX EUROPE VII LIMITED PARTNERSHIP			
		87,000.000		0.00	49,214.18
GH18	993VRH906	87,000.000		0.00	49,214.18
		1,074,953.000		1,639,712.07	1,537,506.59

GE INSURANCE PLAN TRUST
 COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	6,570,092.750	6,570,092.75	6,570,092.75
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	498,610.000	519,643.52	2,813,720.21
PARTN./JOINT VENTURE INTERESTS	1,074,953.000	1,639,712.07	1,537,506.59
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	0.000	0.00	0.00
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	0.000	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	8,143,655.750	8,729,448.34	10,921,319.55