

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213529878

1.) CORPORATION NAME:

GE Investments Funds, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **02563070**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 SUMMER ST

CITY/ST/ZIP: STAMFORD, CT 06905

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL J COSGROVE
TITLE: PRES/COB
ADDRESS: 1600 SUMMER STREET
CITY/ST/ZIP/CO: STAMFORD, CT 06905

OFFICER DIRECTOR

NAME: MATTHEW J SIMPSON
TITLE: EXEC VP
ADDRESS: 1600 SUMMER STREET
CITY/ST/ZIP/CO: STAMFORD, CT 06905

OFFICER DIRECTOR

NAME: JOON WON CHOE
TITLE: VP/SEC
ADDRESS: 1600 SUMMER STREET
CITY/ST/ZIP/CO: STAMFORD, CT 06905

OFFICER DIRECTOR

NAME: ARTHUR JENSEN
TITLE: TREASURER
ADDRESS: 1600 SUMMER STREET
CITY/ST/ZIP/CO: STAMFORD, CT 06904

OFFICER DIRECTOR

NAME: ROBERT HERLIHY
TITLE: CCO
ADDRESS: 1600 SUMMER STREET
CITY/ST/ZIP/CO: STAMFORD, CT 06905

OFFICER DIRECTOR

NAME: John R. Costantino
TITLE: DIRECTOR
ADDRESS: 1600 Summer Street
CITY/ST/ZIP/CO: Stamford, CT 06905

OFFICER DIRECTOR

NAME: R. Sheldon Johnson TITLE: DIRECTOR ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Donna M. Rapaccioli TITLE: DIRECTOR ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Jeanne LaPorta TITLE: VICE PRESIDENT ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Michelle Matzelle TITLE: ASST SECRETARY ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Casey Yantosca TITLE: ASST TREASURER ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Robert Meyers TITLE: ASST TREASURER ADDRESS: 1600 Summer Street CITY/ST/ZIP/CO: Stamford, CT 06905	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ JOON WON CHOE	JOON WON CHOE, VP/SEC		6/26/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				