

TORTOISE MLP FUND, INC.  
 Form 3  
 August 06, 2010

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
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**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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â MARINER HOLDINGS, LLC		(Month/Day/Year)	TORTOISE MLP FUND, INC. [NTG]	
(Last)	(First)	(Middle)	07/30/2010	
4200 W. 115TH STREET, SUITE 100		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		
LEAWOOD,Â KSÂ 66211		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below)    (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MARINER HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
POWER GROUP RISK SERVICES, LLC 12721 METCALF AVE., SUITE 103 OVERLAND PARK, KS 66213	Â	Â	Â	Affiliate of Inv Advisor
ADAMS-GABBERT & ASSOCIATES, LLC 400 SW LONGVIEW BLVD., SUITE 200 LEE'S SUMMIT, MO 64081	Â	Â	Â	Affiliate of Inv Advisor
BF 161 ELECTRIC, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
BF WYANDOTTE DEVELOPMENT, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
RANCHO SIENNA KC, LP 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
TRINITY BAKERSFIELD DEVELOPMENT, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
Bicknell Family Finance Co 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
SANTA RITA KC, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
Bicknell Family Management CO Trust 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor

## Signatures

/s/ S. Kirk Lambright, on behalf of Rancho Sienna KC, LP and Santa Rita KC, LLC

07/30/2010

\*\*Signature of Reporting Person

Date

/s/ Martin C. Bicknell, on behalf of all other reporting persons

07/30/2010

Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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### Remarks:

^ form ^ 3 ^ is ^ limited ^ to ^ a ^ maximum ^ of ^ ten ^ reporting ^ persons. ^ ^ As ^ a ^ result, ^ this ^ Form ^ 3 ^ is ^ one

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.