

TORTOISE MLP FUND, INC.  
 Form 3  
 October 13, 2010

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

OMB APPROVAL

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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 \*  
 METROPOLITAN LIFE  
 INSURANCE CO/NY

2. Date of Event Requiring Statement  
 (Month/Day/Year)  
 10/07/2010

3. Issuer Name and Ticker or Trading Symbol  
 TORTOISE MLP FUND, INC. [NTG]

(Last) (First) (Middle)  
 10 PARK AVENUE, P.O. BOX  
 1902  
 (Street)

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 \_\_\_X\_\_\_ Form filed by One Reporting Person  
 \_\_\_ Form filed by More than One Reporting Person

MORRISTOWN, NJ 07962  
 (City) (State) (Zip)

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

| 1. Title of Security<br>(Instr. 4)     | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D)<br>or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|--|--|---|--|
| Tortoise MLP Fund, Inc. <sup>(1)</sup> | \$ 16,667,000  | D   | ^  |
| Tortoise MLP Fund, Inc. <sup>(2)</sup> | \$ 10,000,000  | D   | ^  |
| Tortoise MLP Fund, Inc. <sup>(3)</sup> | \$ 5,333,000   | D   | ^  |
| Tortoise MLP Fund, Inc. <sup>(4)</sup> | \$ 20,000,000  | D   | ^  |
| Tortoise MLP Fund, Inc. <sup>(5)</sup> | \$ 11,333,000  | D   | ^  |

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

SEC 1473 (7-02)

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

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

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

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |              |         |       |
|--|---------------|--------------|---------|-------|
|  | Director      | 10%<br>Owner | Officer | Other |
| METROPOLITAN LIFE INSURANCE CO/NY<br>10 PARK AVENUE<br>P.O. BOX 1902<br>MORRISTOWN, NJ 07962 | ^             | ^ X          | ^       | ^     |

## Signatures

|   |            |
|---|------------|
| /s/ Daniel F. Scudder, Assistant General<br>Counsel | 10/11/2010 |
| **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).
- (1) Floating Rate Senior Note, Series E, Due 12/15/2015. *See* Exh 99-1.
- (2) 3.73% Senior Note, Series C, Due 12/15/2017. *See* Exh 99-2.
- (3) 3.73% Senior Note, Series C, Due 12/15/2017. *See* Exh 99-3.
- (4) 4.29% Senior Note, Series D, Due 12/15/2020. *See* Exh 99-4.
- (5) 4.29% Senior Note, Series D, Due 12/15/2020. *See* Exh 99-5.

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.