

ClearBridge Energy MLP Total Return Fund Inc.  
 Form 3  
 June 12, 2015

**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)

<p>1. Name and Address of Reporting Person *</p> <p>UNITED OF OMAHA LIFE INSURANCE CO</p> <p>(Last) (First) (Middle)</p> <p>MUTUAL OF OMAHA PLZ              3RD FLOOR LAW, ATTN:              VARIABLE PRODUCT              COUNSEL</p> <p>(Street)</p> <p>OMAHA, NE 68175-1008</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/26/2015</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ClearBridge Energy MLP Total Return Fund Inc. [CTR]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other              (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)
Series A Mandatorily Redeemable Preferred Shares	70	D	A
Series B Mandatorily Redeemable Preferred Shares	30	D	A

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)**

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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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Amount or Number of Shares		
		Date Exercisable	Expiration Date		

### Reporting Owners

Reporting Owner Name / Address

Relationships

Director   10% Owner   Officer   Other

UNITED OF OMAHA LIFE INSURANCE CO  
MUTUAL OF OMAHA PLZ 3RD FLOOR LAW  
ATTN: VARIABLE PRODUCT COUNSEL  
OMAHA, NE 68175-1008

   ^          ^ X    ^          ^

### Signatures

Jan M. Brockman, Assistant Corporate  
Secretary

06/12/2015

\*\*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).

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