

ClearBridge Energy MLP Opportunity Fund Inc.

Form 3

June 22, 2015

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

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**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 *Mutual of Omaha Insurance
Co

(Last) (First) (Middle)

MUTUAL OF OMAHA PLAZA

(Street)

OMAHA, NE 68175

(City) (State) (Zip)

2. Date of Event Requiring
Statement(Month/Day/Year)
03/26/2015

3. Issuer Name and Ticker or Trading Symbol

ClearBridge Energy MLP Opportunity Fund Inc. [EMO]

4. Relationship of Reporting
Person(s) to Issuer

(Check all applicable)

____ Director ____X____ 10% Owner
____ Officer ____ Other
(give title below) (specify below)5. If Amendment, Date Original
Filed(Month/Day/Year)6. Individual or Joint/Group
Filing(Check Applicable Line)
____X____ Form filed by One Reporting
Person
____ 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)Series A Mandatorily Redeemable Preferred
Shares 20

I

By Companion Life Insurance
Company ⁽¹⁾Series A Mandatorily Redeemable Preferred
Shares 50

I

By United of Omaha Life
Insurance Company ⁽²⁾Series B Mandatorily Redeemable Preferred
Shares 30

D

^

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

SEC 1473 (7-02)

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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)**

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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)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mutual of Omaha Insurance Co MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	Â	Â X	Â	Â

Signatures

Jan M. Brockman, Assistant Corporate
Secretary

06/22/2015

__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).

(1) Companion Life Insurance Company is an indirect wholly-owned subsidiary of Mutual of Omaha Insurance Company

(2) United of Omaha Life Insurance Company is a wholly-owned subsidiary of Mutual of Omaha Insurance Company

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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