

Mutual of Omaha Insurance Co
 Form 4
 August 17, 2018

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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

2. Issuer Name and Ticker or Trading Symbol
 KAYNE ANDERSON
 MIDSTREAM/ENERGY FUND,
 INC. [KMF]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___X___ 10% Owner
 ___ Officer (give title below) ___ Other (specify below)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
 08/06/2018

3300 MUTUAL OF OMAHA
 PLAZA 3RD FLOOR,
 (Street)

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

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

OMAHA, NE 68175
 (City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount		
Series E Mandatory Redeemable Preferred Shares	08/06/2018		J ⁽¹⁾		200,000 <u>(1)</u>	A	\$ 25 200,000 D
Series E Mandatory Redeemable Preferred Shares	08/06/2018		J ⁽¹⁾		600,000 <u>(2)</u>	A	\$ 25 600,000 I By subsidiary <u>(2)</u>

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

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mutual of Omaha Insurance Co 3300 MUTUAL OF OMAHA PLAZA 3RD FLOOR OMAHA, NE 68175		X		
UNITED OF OMAHA LIFE INSURANCE CO 3300 MUTUAL OF OMAHA PLZ 3RD FLOOR LAW ATTN: JAN BROCKMAN OMAHA, NE 68175-1008		X		

Signatures

Jan M. Brockman 08/17/2018

**Signature of Reporting Person Date

Jan M. Brockman 08/17/2018

**Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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).

The Securities reported herein were terminated and reissued in connection with the merger of Kayne Anderson Total Return Fund, Inc.

(1) (KYE) into KMF on August 6, 2018. A separate Form 4 will be filed reporting the disposition of the securities terminated under that Issuer. These securities were formerly held as KYE Series D Mandatory Redeemable Preferred Shares.

480,000 shares of the securities reported herein are directly beneficially owned by United of Omaha Life Insurance Company, a direct

(2) subsidiary of Mutual of Omaha Insurance Company. 120,000 shares of the securities reported herein are directly beneficially owned by Companion Life Insurance Company, a direct subsidiary of United of Omaha Life 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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