Kayne Anderson MLP Investment CO Form 3 June 27, 2008

# 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 *  RELIASTAR LIFE INSURANCE CO			2. Date of Event Requiring Statement (Month/Day/Year) 06/19/2008		3. Issuer Name and Ticker or Trading Symbol Kayne Anderson MLP Investment CO [KYN]						
(Last)	(First)	(Middle)				ionship o s) to Issu	of Reporting er	g	5. If Amendment, Date Origin Filed(Month/Day/Year)		
C/O ING IN MANAGEM POWERS F SUITE 300 ATLANTA,	MENT LLC ERRY RO (Street)	C, 5780 OAD, NW,			Di	irector fficer e below)	applicable 10% N_Othe (specify bel ation below	Owner er ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)		erivative Securities Beneficially Owned							
1.Title of Secur (Instr. 4)	rity			2. Amount of Beneficially (Instr. 4)	f Securitie	es 3. O Fo D or (I	wnership orm: irect (D)		ture of Indirect Beneficial		
5.645% Series G Sr.Unsecured Notes due 2011				\$ 4,000,000			D	Â			
5.847% Seri 2012	es I Sr.Un	secured Not	es due	\$ 4,500,00	0		D	Â			
5.991% Seri 2013	es K Sr.Uı	nsecured No	otes due	\$ 8,000,00	0		D	Â			
Reminder: Repo	or indirectly.	•			ally	SEC	1473 (7-02	2)			
			oond to the c ined in this f								

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currently valid OMB control number.

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

#### **Reporting Owners**

Reporting Owner Name / Address			110141101	.ompo	
	Director	10% Owner	Officer	Other	

RELIASTAR LIFE INSURANCE CO C/O ING INVESTMENT MANAGEMENT LLC 5780 POWERS FERRY ROAD, NW, SUITE 300 ATLANTA, GAÂ 30327-4347

 $\hat{A}$   $\hat{A}$   $\hat{A}$  See explanation below.

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## **Signatures**

/s/Christopher P. Lyons, Senior Vice
President, Investment Management 06/23/2008

LLC, as Agent

\*\*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:**

Filed pursuant to Section 30(h) of the Investment Company Act of 1940. The reporting party andÂ

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.

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