

TORTOISE CAPITAL RESOURCES CORP

Form 3

October 19, 2009

**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 \*

MARINER HOLDINGS, LLC

(Last)

(First)

(Middle)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

09/15/2009

3. Issuer Name and Ticker or Trading Symbol

TORTOISE CAPITAL RESOURCES CORP [TTO]

4. Relationship of Reporting  
Person(s) to Issuer5. If Amendment, Date Original  
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☐ Officer ☒ Other

(give title below) (specify below)

Affiliate of Inv Advisor

6. Individual or Joint/Group  
Filing(Check Applicable Line)☐ Form filed by One Reporting  
Person☒ Form filed by More than One  
Reporting Person4200 W. 115TH STREET,  
SUITE 100,

(Street)

LEAWOOD, KS 66211

(City)

(State)

(Zip)

**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)

Common Shares

0

D

A

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  
(Instr. 4)2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)

Title

4. Conversion  
or Exercise  
Price of  
Derivative  
Security5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)6. Nature of Indirect  
Beneficial Ownership  
(Instr. 5)

Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MARINER HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
MARINER STATISTICAL OPPORTUNITY FUND LP 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
MARINER PRIVATE EQUITY, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
Mariner Capital Ventures, LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
TORTOISE HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
MARINER INSURANCE RESOURCES, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
Mariner Capital Partners LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
MARINER MEDICAL DIAGNOSTICS 1, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
LABEL REAL ESTATE, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor
NPC CAPITAL PARTNERS II, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	^	^	^	Affiliate of Inv Advisor

## Signatures

/s/ S. Kirk Lambright, on behalf of Mariner Medical Diagnostics 1, LLC and Label Real Estate, LLC

10/19/2009

\_\_Signature of Reporting Person

Date

/s/ Martin C. Bicknell, on behalf of all other reporting persons

10/19/2009

\_\_\_\_\_  
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:

AA form 3 is limited to a maximum of ten reporting persons. As a result, this Form 3 is one

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.