

DNP SELECT INCOME FUND INC
 Form 3
 February 20, 2014

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated 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 *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â AMERICAN INTERNATIONAL GROUP INC			(Month/Day/Year)	DNP SELECT INCOME FUND INC [DNP]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
175 WATER STREET				(Check all applicable)	
(Street)				___ Director	___ 10% Owner
NEW YORK,Â NYÂ 10038				___ Officer	<input checked="" type="checkbox"/> Other
(City)	(State)	(Zip)		(give title below)	(specify below)
				See Remarks	
					6. Individual or Joint/Group Filing(Check Applicable Line)
					<input checked="" type="checkbox"/> 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)
Floating Rate Mandatory Redeemable Preferred Shares Series A	100,000,000	I	Held through subsidiaries ⁽¹⁾

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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---------------------------	----------------------	--

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
AMERICAN INTERNATIONAL GROUP INC 175 WATER STREET NEW YORK, NY 10038	Â	Â	Â	See Remarks

Signatures

/s/ Brian T. Schreiber, Authorized Person
Date: 02/20/2014

**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) Commerce and Industry Insurance Company, The Insurance Company of the State of Pennsylvania, United Guaranty Insurance Company and American General Life Insurance Company, each an indirect wholly owned subsidiary of American International Group, Inc. ("AIG"), directly hold \$16,300,000 aggregate liquidation preference, \$16,200,000 aggregate liquidation preference, \$1,000,000 aggregate liquidation preference and \$66,500,000 aggregate liquidation preference, respectively, of the Floating Rate Mandatory Redeemable Preferred Shares, Series A. AIG is an indirect beneficial owner of the Floating Rate Mandatory Redeemable Preferred Shares, Series A.

Â

Remarks:

Filed pursuant to Section 30(h) of the Investment Company Act of 1940. The referenced securities

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.