

SERFF Tracking Number: PRUD-125752186 State: Arkansas
 Filing Company: The Prudential Insurance Company of America State Tracking Number: 40181
 Company Tracking Number: LPL-2009-JSAR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LPL-2009 Repricing Filing
 Project Name/Number: LPL-2009/

Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: LPL-2009 Repricing Filing SERFF Tr Num: PRUD-125752186 State: ArkansasLH
 TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 40181
 Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: LPL-2009-JSAR State Status: Approved-Closed
 Premium - Single Life
 Filing Type: Form Co Status: IIGL Reviewer(s): Linda Bird
 Authors: Diane Barrios, Marcelle Disposition Date: 09/12/2008
 Chapman, David Collier, Susan
 Eckler-Kerns, Rozelyn Hayes,
 Jessica Kaimo, David Koonce, Gil
 Ortiz, Eula Quailles, John Steiniger,
 Genetta Williams
 Date Submitted: 09/05/2008 Disposition Status: Approved
 Implementation Date Requested: 01/01/2009 Implementation Date:
 State Filing Description:

General Information

Project Name: LPL-2009 Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Currently under review.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 09/12/2008
 State Status Changed: 09/12/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

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In Re: NAIC# 304--68241
Form Number LPL-2009
New Submission

Dear Commissioner:

We enclose the following form for filing:

LPL-2009 Limited Payment Whole Life Policy (Sex-distinct)

This is a new form and will be used as we are replacing our previously approved Limited Payment Whole Life Policy LPL-2000(i). This forms will be made available for use for individual and group conversion policies.

The Basis of Computation is revised to specify use of the Commissioner's 2001 mortality table and the rates and values on the contract data pages have been updated. The revised form also include other minor changes to maintain consistency with the contract language used in other recently approved forms.

We plan to introduce these new form on or before January 2009.

This is to assure you that the required policy information as described in Ark. Code Ann 23-79-138 will be provided to the owner when this policy is issued.

This is to assure you that the Life and Health Guaranty Association Notice required by Regulation 49 will be provided to each policy owner.

This is to assure you that this filing complies with the applicable Regulation 34 requirements and that we will comply with Bulletin 11-3 if rates are changed.

In accordance with a previous agreement between your Department and Prudential, we will include on our claim form (COMB 38) the following wording in Arkansas so that we are in compliance with Arkansas code section 23-81-118, supplemented by Bulletin 15-79.

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If payments is made after the 30 days from the day we receive proof of death of the insured, life insurance death benefits payable under policies issued in Arkansas will include interest at the rate of 8 percent per year.

We certify that the submission meets the provisions of Rule 19 as well as all applicable requirements of this Department.

We have enclosed a statement of variability for the policy form and an updated actuarial memoranda for the form.

The filing fee in the amount of \$50.00 has been sent via EFT.

This form is submitted in final print and is subject to only minor modification in paper size and stock, ink, border, Company logo and adaptation to computer printing.

If you have any questions, please call me toll-free at (888)-800-8244, or contact me via e-mail at John.Steiniger@Prudential.com.

(i) LPL-2000 Approved on February 7, 2001

Company and Contact

Filing Contact Information

John Steiniger, Second Vice President John.Steiniger@Prudential.com
Individual Insurance Group (973) 802-6104 [Phone]
Newark, NJ 07102-2992 (973) 367-8134[FAX]

Filing Company Information

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey
751 Broad Street Group Code: 304 Company Type: Life
Newark, NJ 07102-3777 Group Name: State ID Number:
(973) 802-6000 ext. [Phone] FEIN Number: 22-1211670

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per policy.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$50.00	09/05/2008	22315913

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/12/2008	09/12/2008

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Disposition

Disposition Date: 09/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Actuarial Reserve Memos		No
Supporting Document	Statement of Variability		Yes
Form	Limited Payment Whole Life (Sex-Distinct)		Yes

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Form Schedule

Lead Form Number: LPL-2009

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LPL-2009	Policy/Cont	Limited Payment ract/Fratern Whole Life (Sex-al Distinct) Certificate	Initial		63	LPL-2009 Limited Payment Life Policy (Sex-Distinct) with CD pages.pdf

Insured JOHN DOE

XX XXX XXX

Policy Number

JAN 1, 2009

Contract Date

Agency R-NK 1

Limited Payment Life Policy. Life insurance payable upon death. Premiums payable during Insured's lifetime for the stated premium period. Non-participating.

We will pay the beneficiary the death benefit described in this contract promptly if we receive due proof that the Insured died. We make this promise subject to all the provisions of this contract.

If there is ever a question about this contract, just see a Prudential representative or contact one of our offices.

10-Day Right to Cancel Contract. – If you return this contract to us no later than 10 days after you receive it, we will refund your money promptly. The contract will be canceled from the start. All you have to do is take it or mail it to one of our offices or to the representative who sold it to you.

Signed for Prudential.



Secretary



President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Prudential.

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A copy of the application and any riders or endorsements can be found at the end of the contract.

CONTRACT DATA

Insured

[JOHN DOE] [Male], Issue Age [35]

Rating Class

[Nonsmoker]

Basic Contract Information

Policy Number [XX XXX XXX]
Contract Date [January 1, 2009]
Premium Period [50] years
Beneficiary [Class 1 MARY DOE, wife]
[Class 2 ROBERT DOE, son]

Life Insurance on the Insured

Basic Amount [\$25,000.00]

Schedule of Premiums

Contract premiums are due on the contract date and at intervals of [12] month[s] after that date. They are [\$426.50].

END OF CONTRACT DATA

[L@85NS-M35]

TABLE OF GUARANTEED VALUES

These are the values for the basic amount if all due premiums have been paid, and there is no contract debt. These values are determined as provided in the Basis of Computation provision.

End of Contract Year	Guaranteed Cash	Guaranteed Reduced Paid-Up Insurance	Guaranteed Extended Insurance#	
			Years	Days
1	[\$0.00]	[\$0.00]	[0	0]
2	[\$0.00]	[\$0.00]	[0	0]
3	[\$106.75]	[\$611.00]	[2	322]
4	[\$ 333.75]	[\$1,831.00]	[7	198]
5	[\$569.75]	[\$2,998.00]	[11	67]
6	[\$815.00]	[\$4,113.00]	[14	20]
7	[\$1,069.00]	[\$5,176.00]	[16	43]
8	[\$1,331.75]	[\$6,188.00]	[17	282]
9	[\$1,603.00]	[\$7,151.00]	[19	13]
10	[\$1,882.75]	[\$8,068.00]	[19	359]
11	[\$2,171.00]	[\$8,939.00]	[20	266]
12	[\$2,468.75]	[\$9,770.00]	[21	125]
13	[\$2,777.25]	[\$10,566.00]	[21	308]
14	[\$3,098.25]	[\$11,332.00]	[22	89]
15	[\$3,431.50]	[\$12,066.00]	[22	193]
16	[\$3,777.00]	[\$12,771.00]	[22	265]
17	[\$4,133.50]	[\$13,443.00]	[22	308]
18	[\$4,500.00]	[\$14,082.00]	[22	326]
19	[\$4,876.25]	[\$14,691.00]	[22	324]
20	[\$5,260.50]	[\$15,268.00]	[22	302]
Age 60	[\$7,313.50]	[\$17,756.00]	[21	306]
Age 62	[\$8,197.50]	[\$18,597.00]	[21	84]
Age 65	[\$9,555.25]	[\$19,699.00]	[20	63]

If we need to compute these values during a contract year, we will take into account the time since the start of the year and any premiums paid for the year. If you ask us, we will tell you the values for durations other than those shown in this table.

There may be extra days of term insurance. We explain this under the Extended Insurance provision.

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Nonforfeiture Factor

Factor (per \$1,000 of Basic Amount):	[9.88]
Contract Years:	[21 and later]

This Nonforfeiture Factor is applicable during the premium period.

END OF TABLE(S)

DEFINITIONS

We, our, us and **Prudential**. – The Prudential Insurance Company of America.

You and **Your**. – The owner of the contract.

Insured. – The person named as the Insured on the first page. He or she need not be the owner.

Issue date. – Same as the contract date.

Anniversary or **contract anniversary**. – The same day and month as the contract date in each later year.

Contract year. – A year that starts on the contract date or on an anniversary.

Attained age. – The Insured's issue age plus the length of time since the contract date. You will find the Insured's issue age near the top of page 3.

THE CONTRACT

Entire Contract This policy and any attached copy of an application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

Contract Modifications Only a Prudential officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

Incontestability Except for non-payment of premium, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date.

OWNERSHIP

On the contract date, the Insured is the owner of the contract, unless a different owner is named in the application. If a different owner is named, we will show that owner in a provision we endorse on the contract. The ownership arrangement in effect on the contract date will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change, and it will take effect as of the date you signed the request.

While the Insured is living, the owner alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

DEATH BENEFITS

We will pay a benefit at the Insured's death (except as we state in the Suicide Exclusion provision) if this contract is in force at the time of death; that is, the initial premium has been paid and the contract has not been surrendered or expired without value. It may be in force on a premium-paying basis, as extended insurance, or as reduced paid-up insurance.

Premium-paying Basis The contract will be in force on a premium-paying basis if no premium is past due beyond the 31-day grace period we describe under Premium Payment.

The benefit payable at the Insured's death will be equal to the Life Insurance on the Insured as described on page 3, plus a return of any unearned premium less any contract debt and less any past due premium.

This contract may provide other benefits on the death of the Insured or benefits on the death of other insureds. If it does, each benefit will be listed on a contract data page, and a form describing the benefit and the conditions under which it is payable will be included in this contract. Any such benefit will be payable only if the contract is in force on a premium-paying basis, unless the form that describes the benefit states otherwise.

Extended Insurance Unless the contract continues as reduced paid-up insurance as described below, the contract may be in force as extended insurance if a premium is past due beyond the 31-day grace period and you have not surrendered the contract for its net cash value.

Extended insurance is term insurance that pays a death benefit only if the Insured dies within the term period. The term period starts on the due date of the past due premium. The duration of the term period will be what is provided when we use the net cash value at the net single premium rate. This rate depends on the Insured's issue age and sex and on the length of time since the contract date. The amount of term insurance will be the basic amount shown on page 3, less any contract debt. At the end of the term period, the extended insurance expires without value. The guaranteed durations of extended insurance provided by the contract are shown in the table on page 4.

We will grant extra days of term insurance if the due date of the past due premium is before the date that the duration of the guaranteed extended term insurance (see page 4) first equals or exceeds 90 days or the number of days for which premiums have been paid, if less. The number of extra days will be 90 or the number of days for which premiums have been paid, if less, minus the number of days of any extended insurance. Extra days start on the day after the last day of term insurance provided by any net cash value. If there is no such term insurance, they start on the due date of the past due premium. There will be no extra days if you replace the extended insurance with reduced paid-up insurance or you surrender the contract before the extra days start.

Reduced Paid-up Insurance The contract will be in force as reduced paid-up insurance if a premium is past due beyond the 31-day grace period, you have not surrendered the contract for its net cash value, and the statement No Extended Insurance is shown with the Rating Class heading on page 3. It will also be in force as reduced paid-up insurance if the amount of that insurance equals or exceeds the amount of extended insurance. The guaranteed amounts of reduced paid-up insurance provided by the contract are shown in the table on page 4.

If the contract is in force as reduced paid-up insurance, the benefit payable at the time of the Insured's death is the amount of reduced paid-up insurance, minus any contract debt. The amount of this insurance will be what is provided when we use the net cash value at the net single premium rate. This rate depends on the Insured's issue age and sex and on the length of time since the contract date.

Optional Benefit	Within three months after the due date of a past due premium, you may replace any extended insurance that has a cash value with reduced paid-up insurance. You must tell us in a form that meets our needs, and we may require you to send us the contract to be endorsed.
Computations	We will make all computations for either extended insurance or reduced paid-up insurance as of the due date of the past due premium. But we will consider any loan you take out or pay back in the grace period of that premium.
Unearned Premium	When we pay a death benefit on the Insured, we will return that part of the last premium paid for that benefit that covers the period after the date of death.
Interest on Death Benefit	Any death benefit described above will be credited with interest from the date of death at a rate declared by Prudential or in accordance with applicable laws.
Suicide Exclusion	If the Insured, whether sane or insane, dies by suicide within two years from the issue date, this contract will end and we will return the premiums paid. The contract will provide no further benefit.
Method of Payment	You may choose to have any death benefit paid in a single sum or under an optional mode of settlement (see Settlement Options).

BENEFICIARY

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change and it will take effect as of the date you signed the request. But if we make any payment(s) before we receive the request, we will not have to make the payment(s) again. Any beneficiary's interest is subject to the rights of any assignee we know of.

When a beneficiary is designated, any relationship shown is to the Insured, unless otherwise stated. To show priority, we will use numbered classes, so that the class with first priority is called class 1, the class with next priority is called class 2, and so on. When we use numbered classes, these statements apply to beneficiaries unless the form states otherwise:

1. One who survives the Insured will have the right to be paid only if no one in a prior class survives the Insured.
2. One who has the right to be paid will be the only one paid if no one else in the same class survives the Insured.
3. Two or more in the same class who have the right to be paid will be paid in equal shares.
4. If none survives the Insured, we will pay in one sum to the Insured's estate.

Before we make a payment, we have the right to decide what proof we need of the identity, age or any other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

LOANS

Loan Requirements You may borrow from us on the contract if it has a loan value. We describe loan value below. The contract must be in force as other than extended insurance; the Insured must be living; and as sole security for the loan you must assign the contract to us in a form that meets our needs.

If there is already contract debt when you borrow from us, we will add the new amount you borrow to that debt.

Interest Charge We will charge interest daily on any loan at a rate that is equivalent to an effective annual rate of 8%. Interest is due on each contract anniversary, or when the loan is paid back if that comes first. If interest is not paid when due, it will become part of the loan. Then we will start to charge interest on it, too.

Amount You May Borrow You may borrow any amount up to the difference between the loan value and any existing contract debt, both of which we describe below.

Loan Value If the contract is in force on a premium-paying basis, the loan value on a premium due date is the guaranteed cash value shown in the Table of Guaranteed Values on page 4. In the grace period of a past due premium, the loan value is what it was on the due date of that premium. At any other time, the loan value is the amount that would grow at the loan interest rate to equal the loan value on the next premium due date.

If the contract is in force as reduced paid-up insurance or has become paid-up, the loan value is the net value we describe in the Basis of Computation. On a contract anniversary, the loan value is determined as of that date. At any other time, the loan value is the amount that would grow at the loan interest rate to equal the loan value on the next contract anniversary.

Contract Debt Contract debt at any time means the loan on the contract, plus any interest we have charged that is not yet due and that we have not yet added to the loan.

Repayment All or part of any contract debt may be paid back at any time while the Insured is living. But if there is contract debt at the end of the grace period of a past due premium, it may be paid back only if the contract is reinstated. When we settle the contract, any contract debt is due us. We will make an adjustment so that the proceeds will not include the amount of that debt.

Excess Contract Debt If contract debt ever grows to be equal to or more than the loan value, the contract will expire without value 31 days after we mail a notice to you and any assignee we know of. We will also send a notice to the Insured's last known address. In the notice we will state the amount that, if paid to us, will reduce the contract debt enough to keep the contract's benefits from ending for a limited time.

Postponement of Loans We will usually make a loan promptly. But we have the right to postpone making a loan for up to six months unless it will be used to pay premiums on this or other contracts with us.

PREMIUM PAYMENT

- Payment of Premiums** The schedule of premiums shows the amounts of the premiums and when they are due. These premiums are due only while the Insured is living and only during the premium period.
- Change of Frequency** If you ask us and we agree, you may change the frequency of premium payments. The more often premiums are due, the larger the total amount that will have to be paid for a contract year.
- Grace Period** We grant a 31-day grace period for paying each premium except the first one. If a premium has not been paid by its due date, the contract will stay in force on a premium-paying basis during the grace period. If a premium has not been paid when the grace period is over, the contract will end and have no value, except as we state under Cash Value Option Upon Surrender and under Death Benefits.

CASH VALUE OPTION UPON SURRENDER

You may surrender this contract at any time for its net cash value. To do so, you must ask us in a form that meets our needs. We may require you to send us the contract. Here is how we will compute the net cash value:

1. If no premium is past due, the net cash value as of any date will be the guaranteed cash value computed as described on page 4 minus any contract debt.
2. If premium payment is past due three months or less, we will compute the net cash value as of the due date of the first unpaid premium. But we will adjust this value for any loan you take out or pay back in the grace period of that premium.
3. If premium payment is past due more than three months, the net cash value as of any date will be the net value on that date of any extended insurance benefit then in force, excluding the net value of any extra days described under Death Benefits. Or it will be the net value on that date of any reduced paid-up insurance benefit then in force less any contract debt.

However, within 30 days after an anniversary, the net cash value under 2 and 3 will not be less than the net cash value on that anniversary, adjusted for any loan you take out or pay back in those 30 days.

We will usually pay any net cash value promptly. But we have the right to postpone paying it for up to six months. If we do so for more than 30 days, we will pay interest at the rate of 3% a year.

You may choose to have any net cash value paid in a single sum or under an optional mode of settlement (see Settlement Options).

REINSTATEMENT

You may reinstate this contract after the grace period of a past due premium if:

1. The premium payment is not past due more than five years;
2. The contract has not been surrendered for its net cash value; and,
3. You prove to us that the Insured is insurable for the contract.

You must pay us all premiums in arrears with compound interest; the rate will not exceed 6% a year. Any contract debt must be restored or paid back with interest to date at the loan interest rate. If that debt with interest would exceed the loan value of the reinstated contract, the excess must be paid to us before reinstatement.

GENERAL PROVISIONS

- Currency** Any money we pay, or that is paid to us, must be in United States currency.
- Misstatement of Age or Sex** If the Insured's stated age or sex or both are not correct, we will change each benefit and any amount to be paid to what the premium would have bought for the correct age and sex.
- The Schedule of Premiums may show that premiums change or stop on a certain date. We may have used that date because the Insured would attain a certain age on that date. If we find that the issue age was wrong, we will correct that date.
- Assignment** We will not be deemed to know of an assignment unless we receive it, or a copy of it. We are not obliged to see that an assignment is valid or sufficient. This contract may not be assigned to any employee benefit plan without our consent. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance.
- Change in Plan** You may be able to have this contract changed to another plan of life insurance. Any change in plan will be made only if we consent and will be subject to conditions, rules and monetary adjustments that are then applicable.

BASIS OF COMPUTATION

Mortality Basis and Interest Rate

We compute all net single premiums, net values, and the guaranteed cash, and reduced paid-up insurance values shown on page 4 using:

1. the Commissioners 2001 Standard Ordinary Composite Mortality Table based on age last birthday, and assuming immediate payment of death benefits;
2. the Insured's issue age and sex and the length of time since the contract date; and
3. an effective interest rate of 5.00% a year.

Exclusions

When we compute net values and the values shown on page 4, we exclude the value of any supplementary benefits and any other additional benefits added by rider to this contract.

Values

When we use the words "net value" in connection with extended insurance and reduced paid-up insurance we mean the present value of future benefits.

Minimum Legal Values

The cash, loan and other values in this contract are at least as large as those set by law where it is delivered. Where required, we have given the insurance regulator a detailed statement of how we compute values and benefits.

SETTLEMENT OPTIONS

Options Described You may choose to have the proceeds (that is, any death benefit or any amount payable upon surrender of the contract) paid in a single sum or under one of the optional modes of settlement described below.

If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will be glad to furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.

Option 1 (Installments for a Fixed Period) We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.

Option 2 (Life Income) We will make equal monthly payments for as long as the person on whose life the settlement is based lives, with payments certain for 120 months. The Option 2 Table shows the minimum amounts we will pay. But, we must have proof of the date of birth of the person on whose life the settlement is based.

Option 3 (Interest Payment) We will hold an amount at interest. We will pay the interest annually, semi-annually, quarterly, or monthly.

Option 4 (Installments of a Fixed Amount) We will make equal annual, semi-annual, quarterly, or monthly payments for as long as the available proceeds provide.

Option 5 (Non-Participating Income) We will make payments like those of any annuity we then regularly issue that: (1) is based on United States currency; (2) is bought by a single sum; (3) does not provide for dividends; and (4) does not normally provide for deferral of the first payment. Each payment will be at least equal to what we would pay under that kind of annuity with its first payment due on its contract date. If a life income is chosen, we must have proof of the date of birth of any person on whose life the option is based. Option 5 cannot be chosen more than 30 days before the due date of the first payment.

Interest Rate Payments under Options 1, 3 and 4 will be calculated assuming an effective interest rate of at least 1.5% a year. We may include more interest.

SETTLEMENT OPTIONS TABLES

OPTION 1 TABLE

OPTION 2 TABLE

MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY		MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY					
Number of Years	Monthly Payment	AGE LAST BIRTHDAY	Male	Female	AGE LAST BIRTHDAY	Male	Female
		1	\$83.90	5 and under	\$2.72	\$2.68	48
2	42.26	6	2.73	2.69	49	3.77	3.56
3	28.39	7	2.74	2.69	50	3.83	3.61
4	21.45	8	2.75	2.70	51	3.88	3.66
5	17.28	9	2.76	2.71	52	3.95	3.71
6	14.51	10	2.77	2.72	53	4.01	3.76
7	12.53	11	2.78	2.73	54	4.08	3.82
8	11.04	12	2.79	2.74	55	4.15	3.88
9	9.89	13	2.80	2.75	56	4.22	3.94
10	8.96	14	2.82	2.76	57	4.30	4.01
11	8.21	15	2.83	2.77	58	4.38	4.08
12	7.58	16	2.84	2.78	59	4.47	4.16
13	7.05	17	2.85	2.79	60	4.56	4.24
14	6.59	18	2.87	2.80	61	4.66	4.32
15	6.20	19	2.88	2.81	62	4.76	4.41
16	5.85	20	2.89	2.83	63	4.87	4.50
17	5.55	21	2.91	2.84	64	4.98	4.60
18	5.27	22	2.93	2.85	65	5.10	4.71
19	5.03	23	2.94	2.87	66	5.23	4.82
20	4.81	24	2.96	2.88	67	5.36	4.94
21	4.62	25	2.98	2.90	68	5.49	5.06
22	4.44	26	3.00	2.91	69	5.64	5.19
23	4.28	27	3.01	2.93	70	5.78	5.33
24	4.13	28	3.03	2.94	71	5.94	5.48
25	3.99	29	3.06	2.96	72	6.10	5.63
Multiply the monthly amount By 2.996 for quarterly, 5.981 for semi-annual or 11.919 for annual.		30	3.08	2.98	73	6.26	5.79
		31	3.10	3.00	74	6.43	5.96
		32	3.13	3.02	75	6.60	6.14
		33	3.15	3.04	76	6.78	6.33
		34	3.18	3.07	77	6.95	6.52
		35	3.21	3.09	78	7.13	6.71
		36	3.23	3.11	79	7.31	6.92
		37	3.27	3.14	80	7.49	7.12
		38	3.30	3.16	81	7.67	7.33
		39	3.33	3.19	82	7.85	7.53
40	3.37	3.22	83	8.02	7.73		
41	3.40	3.25	84	8.18	7.93		
42	3.44	3.29	85	8.33	8.12		
43	3.48	3.32	86	8.48	8.29		
44	3.53	3.35	87	8.62	8.46		
45	3.57	3.39	88	8.75	8.61		
46	3.62	3.43	89	8.87	8.75		
47	3.67	3.47	90	8.98	8.88		
		and over			and over		

Limited Payment Life Policy. Life insurance payable upon death. Premiums payable during Insured's lifetime for the stated premium period. Non-participating.

SERFF Tracking Number: PRUD-125752186 *State:* Arkansas
Filing Company: The Prudential Insurance Company of America *State Tracking Number:* 40181
Company Tracking Number: LPL-2009-JSAR
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: LPL-2009 Repricing Filing
Project Name/Number: LPL-2009/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRUD-125752186 State: Arkansas
Filing Company: The Prudential Insurance Company of America State Tracking Number: 40181
Company Tracking Number: LPL-2009-JSAR
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: LPL-2009 Repricing Filing
Project Name/Number: LPL-2009/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 07/29/2008

Comments:

Attachments:

Arkansas Readability Flesch Certification LPL-2009.pdf
Arkansas Certification of Compliance LPL-2009.pdf

Review Status:

Satisfied -Name: Application 07/29/2008

Comments:

Attached is a copy of the application for use with new business issue, different forms are used for conversions.

Attachment:

LPL application.pdf

Review Status:

Satisfied -Name: Statement of Variability 09/04/2008

Comments:

Attachment:

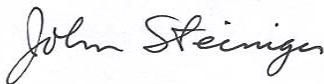
LPL-2009 Statement of Variability.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: The Prudential Insurance Company of America

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LPL-2009	63.40



Name: John Steiniger
Title: Second Vice President

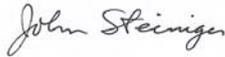
September 04, 2008
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: The Prudential Insurance Company of America
LPL-2009

Form Number(s):

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

John Steiniger

Name

Second Vice President

Title

September 05, 2008

Date



Prudential

Application for Life Insurance or Policy Change

- The Prudential Insurance Company of America
 - Pruco Life Insurance Company, a subsidiary of
The Prudential Insurance Company of America
- Corporate Offices, Newark, New Jersey

Part 1

Policy number XXXXXXXXXXXX Check here if policy change.

A About the Primary Proposed Insured

1. Name of primary proposed insured (or current insured person, if policy change)
John Doe
(First name, middle initial, last name)
2. Social Security number XXX-XX-XXXX
3. Sex female male
4. Marital status single married widowed separated divorced
5. Date of birth 6/15/65
month day year
6. Age 35
7. State of birth (country if not U.S.) (Name of State)
8. Billing address 123 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX
9. Home address _____
(if different) (street, city, state, ZIP)
10. Home telephone number (XXX) XXX-XXXX
11. Business telephone number (XXX) XXX-XXXX
12. Current employer ABC Company
13. List all existing life insurance coverage. Check here if none.

Company	Amount	Year issued	Type of insurance	To be replaced?
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No

B All Other Proposed Insureds *(Include applicant if requesting Applicant's Waiver of Premium (AWP) Benefit)*

Name <i>(first, initial, last)</i>	relationship to primary proposed insured	sex <i>(F/M)</i>	date of birth <i>(M/D/Y)</i>	age	state of birth <i>(country if not U.S.)</i>	total life insurance in all companies

Part 1

C Coverage Information

1. Plan of insurance Limited Payment Life
 If applicable to the plan, check one. Level Death Benefit Variable Death Benefit
2. Initial amount of insurance \$ 25,000
3. Supplementary benefits and riders
- | | |
|--|--|
| <input type="checkbox"/> Waiver of Premium | <input type="checkbox"/> Accidental Death Benefit \$ _____ |
| <input type="checkbox"/> Applicant's Waiver of Premium | <input type="checkbox"/> Option to Purchase Additional Insurance (OPAI) \$ _____ |
| <input type="checkbox"/> Automatic Premium Loan | <input type="checkbox"/> Option to Purchase Paid-up Life Insurance Additions |
| <input type="checkbox"/> Acceleration of Death Benefits (Living Needs Benefit) | (include details in section G, Special Requests) |
- Other riders and benefits (indicate amount where applicable) _____

D Beneficiaries and Ownership
 (If trust, provide name of trust, trustee and date of trust)

1. Beneficiary information	Name	Relationship to primary proposed insured	Age
Primary (Class 1)	Mary Doe	Spouse	35
Contingent (Class 2)	Robert Doe	Son	10

2. Is the policyowner someone other than the primary proposed insured? Yes No
 (If Yes, provide information requested below.)
- Name _____ Date of birth _____ / ____ / ____
 (First name, middle initial, last name) month day year
- Address _____
 (street, city, state, ZIP)

E Payment Information

- 1a. Within the past 90 days, has any proposed insured been hospitalized or been advised by a member of the medical profession that he or she needs hospitalization for any reason other than for normal pregnancy or well-baby care? Yes No
- 1b. Within the past 12 months, has any proposed insured received treatment or advice from a member of the medical profession for heart disease, chest pain, stroke or cancer (except skin)? Yes No
2. Is a medical examination required on the primary proposed insured? Yes No
 second proposed insured? Yes No
3. Premium payment mode (collect full modal premium if prepaid)
- | | | | |
|--|---|---|----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Semiannual | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Electronic Funds Transfer (EFT) | <input type="checkbox"/> Payroll Budget | <input type="checkbox"/> Government Allotment | |
4. Amount of prepayment submitted with this application \$ 403.75 (include any unscheduled premium payments)
 None (must be None if 1a or 1b is Yes, except for Gibraltar (GIB) products)
5. Date prepayment collected, 1/1/01
 month day year

F Replacement

For any proposed insured, would this insurance replace or cause a change in any existing insurance or annuity in any company? (If Yes, enclose all required replacement forms.) Yes No

G Special Requests

H Background on Proposed Insureds

1. Has either the primary proposed insured or second proposed insured (if any) ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *(If Yes, provide date when last used and indicate all types of products.)* Yes No
- | | Date (mo., yr.) | Product(s) |
|--------------------------|-----------------|------------|
| Primary proposed insured | _____ | _____ |
| Second proposed insured | _____ | _____ |
2. What are the occupation and duties of the primary proposed insured? Manager + Administrative Duties
3. Within the last two years, has any proposed insured done or does he or she plan to do the following:
- a. operate or have any duties aboard an aircraft, glider, balloon or similar device? *(If Yes, complete Aviation Questionnaire.)* Yes No
- b. participate in hazardous sports, such as auto, motorcycle, snowmobile or powerboat competitions/exhibitions, scuba diving, mountain climbing, parachuting, skydiving or any other such sport or hobby? *(If Yes, complete Avocation Questionnaire.)* Yes No
4. Is any proposed insured applying for or requesting reinstatement or policy change(s) of any other life or health insurance policy? *(If Yes, provide insurance company, policy plan and amount.)* Yes No
5. Has any proposed insured been convicted of, or currently charged with, the commission of any criminal offense – other than the violation of a motor vehicle law – within the last 10 years? *(If Yes, provide details.)* Yes No
6. a. Driver's license number and state of issue of primary proposed insured XXXXX-XXXXX-XXXXX (Name of State)
- b. In the last three years, has any proposed insured
- (1) had a driver's license denied, suspended or revoked? Yes No
- (2) been convicted of or cited for
- (a) three or more moving violations? Yes No
- (b) driving under the influence of alcohol or drugs? Yes No
- (3) been involved as a driver in two or more auto accidents? Yes No
- (If Yes to any of the above, provide details, including type of violation, accident, or reason for denial, suspension or revocation.)* _____
7. Does any proposed insured plan to live or travel outside the United States or Canada within the next 12 months? *(If Yes, list countries and purpose and duration of each trip.)* Yes No

I Additional Coverage

Complete only if this is an application for additional coverage on a person already covered by a Prudential or Pruco policy with an application date within three months of the date of this application.

To the best of your knowledge, has the health or the mental or physical condition of any person proposed for insurance changed since the answers and statements were given in the application included in policy number _____? Yes No

(If Yes, complete the appropriate Part 2 Medical Information section.)

J Changes

Changes made by the Company (not applicable in New Mexico or West Virginia)

Part 2

Medical Information

K Physician Information Primary proposed insured

Physician last consulted

Name Dr. William Smith
Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX
Telephone number (XXX) XXX-XXXX Date last seen 10/1/97
Reason last seen Cold

Primary physician

Name Dr. William Smith
Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX
Telephone number (XXX) XXX-XXXX Date last seen 10/1/97
Reason last seen Cold

Second proposed insured or applicant for Applicant's Waiver of Premium (AWP)

Physician last consulted

Name _____
Address _____
(street, city, state, ZIP)
Telephone number () _____ Date last seen _____
Reason last seen _____

Primary physician

Name _____
Address _____
(street, city, state, ZIP)
Telephone number () _____ Date last seen _____
Reason last seen _____

L Physical Measurements

	Height	Weight
Primary proposed insured	5' 11"	180
Second proposed insured		
AWP applicant		

M Category II 1. Family record

Changes and Plans other than Gibraltar (GIB)

	Current age or age at death	Year and cause of death		Current age or age at death	Year and cause of death
Father	65		Mother	65	
Brother	30		Sister	25	
Brother			Sister		
Brother			Sister		

2. Has anyone proposed for coverage been diagnosed with or treated by a member of the medical profession for
 - a. chest pain or any disorder of the heart or blood vessels? Yes No
 - b. high blood pressure? Yes No
 - c. cancer, tumor, leukemia, melanoma or lymphoma? Yes No
 - d. diabetes or high blood sugar? Yes No
 - e. mental or psychiatric illness? Yes No
 - f. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? **(Maine:** this question may be answered No if an individual has tested HIV positive and does not have symptoms of the disease AIDS such as dry coughs, skin lesions, weakness, fatigue, weight loss or loss of appetite.) Yes No
 - g. infection caused by the Human Immunodeficiency Virus (HIV)? **(Not applicable in California, Connecticut and Maine. Wisconsin:** AIDS virus HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site is confidential and need not be revealed on this application.) Yes No
 - h. any sexually transmitted diseases? Yes No
 - i. asthma or any disorder of the lungs? Yes No
 - j. any disorder of the brain or nervous system? Yes No
 - k. hepatitis or any disorder of the liver, stomach or intestines? Yes No
 - l. any disorder of the kidney or urinary tract? Yes No
3. Is anyone proposed for coverage currently taking prescription medication? Yes No
4. Other than above, has anyone proposed for coverage
 - a. been a patient in a hospital or other medical facility? Yes No
 - b. in the last five years, had or been advised to have surgery, medical tests (other than HIV) or diagnostic procedures such as ECGs, stress tests, X-rays, blood tests, urine tests, etc.? Yes No
5. Has anyone proposed for coverage
 - a. used, or is he or she now using, cocaine, amphetamines, marijuana, heroin or other drugs, except as prescribed by a member of the medical profession? Yes No
 - b. had or been advised to have treatment or counseling for alcohol or drug use? Yes No
6. Does anyone proposed for coverage have any disease, disorder or condition not previously mentioned? Yes No
7. Has anyone proposed for coverage had life or health insurance declined, postponed or issued with an increased premium? **(Missouri:** this question may be answered No if an individual has been declined for coverage.) Yes No
8. Is anyone proposed for coverage currently unable to perform his or her normal daily activities or all normal occupational duties on a full-time basis at the customary place of employment? Yes No
9. Has anyone proposed for coverage requested or received disability or compensation benefits? Yes No

(continued on next page)

Terms and Conditions

The words "I" and "my" refer to the primary proposed insured and policyowner or applicant, if other than the primary proposed insured. The word "Company" refers to the company checked at the beginning of this application.

Unless I have specified a policy date or special payment plan (e.g., government allotment, payroll budget) in this application, I understand that if the initial premium is not paid with this request for coverage, the policy will become effective when all of the following conditions are met:

- the policy is issued, delivered and I accept it,
- the health of all persons proposed for insurance remains as stated in the application and
- the first premium is paid in full and the check or other form of payment is good and can be collected.

If the Company enters any change in section J, I approve the change by accepting the policy unless the law requires written consent to changes. No Company representative can make or change a policy, or waive any of the Company's rights or requirements.

The Company will pay the beneficiary named in the application (or in the policy if requesting a policy change and no beneficiary has been named in the application) any applicable insurance benefit either at the death of the primary insured or at the death of an insured child after the death of the primary insured if there is no insured spouse.

For policy changes, the existing policyowner and beneficiary designation will be used unless a new policyowner or beneficiary designation is provided in this application.

The policyowner is either the primary proposed insured or the applicant unless a different policyowner is named in the application. This is subject to any provisions for the automatic transfer of ownership stated in the policy.

If joint policyowners are named, in the event of the death of one policyowner, the survivor(s) shall be the policyowner(s), unless otherwise specified.

Signatures

I certify, affirm and understand the following:

- To the best of my knowledge and belief, the statements in this application, as well as any forms that the Company designates to be part of the application and that are attached to the policy, are complete, true and correctly recorded.
- Except for failure to pay premium or fraud, the Company will not contest the validity of this policy or change request after it has been in force during the insured's lifetime for two years from the date it takes effect.
- I will inform the Company of any changes in my or any proposed insured's health, mental or physical condition, or of any changes to any answers on this application, prior to or upon delivery of this policy.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Brochure (ORD 87246).
- I have received and read the Terms and Conditions shown above and the Important Notice About Your Application for Insurance.
- I believe this policy meets my insurance needs and financial objectives. For a variable product: I acknowledge receipt of a current prospectus for the policy. I understand that the policy's value and death benefit may vary depending on the policy's investment experience.
- My original signature has been affixed to this application, the original application will be retained by the Company and I will receive a copy identical in form and substance to the original, attached to my policy.

(continued on next page)

Signatures (continued)

• Not applicable in Arizona, Oklahoma, and Vermont:

Any person who knowingly and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company:

- may have committed fraud, or may have violated state law,
- **Arkansas, District of Columbia, Hawaii, Louisiana, Maine, New Mexico, and Virginia:** may be subject to fines, denial of insurance benefits, or confinement in prison,
- **Colorado:** penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Signed at (Name of City, State) on 1/1/01
(city, state) month day year

Signature of primary proposed insured, if age 8 or over,
or of currently insured person, if policy change

X John Doe

Signature of spouse (applicable in
South Carolina, if proposed for coverage.)

X _____

Signature of policyowner (if different from the primary proposed
insured) or of existing policyowner if a policy change. If the
policyowner is a firm or corporation, give that company's name
and have an officer sign below.

X _____

Signature and title of officer of firm or corporation

X _____

Signature of applicant, if different from primary proposed insured
or policyowner

X _____

Signature of beneficiary, if policy change and rights
are limited

X _____

Signature of witness
(Licensed Writing Representative must witness.)

X Richard Roe

Licensed Writing Representative's Certification

Do you have any information, other than that stated in this application, which indicates that any proposed insured may replace or change any current insurance or annuity in any company?

Yes No

Signature of Writing Representative

X Richard Roe

STATEMENT OF VARIABILITY
Form LPL-2009

Variable and illustrative material in the contract data pages has been bracketed.

1. The insured's information in the specimen policy is for John Doe, male. The Issue Age for the specimen policy is 35. The minimum Issue Age for this policy is 0 and the maximum Issue Age is 75.

2. Policy number will be uniquely assigned and vary for all contracts issued. Contract date can vary for each contract issued.

3. The name of the rating class for the specimen policy is nonsmoker for LPL-2009. The list of available underwriting classifications is as follows:

- Preferred Best
- Preferred Non-Tobacco
- Non-Smoker Plus
- Non-Smoker
- Preferred Smoker
- Smoker
- Standard

4. Premium period for the specimen policy is 50 years. Premium period is to age 85 and can therefore vary based on the issue age of the insured.

5. The beneficiary in the specimen policy is Mary Doe, wife and Robert Doe, son. The beneficiary name and class will vary based on the beneficiary(s) selected by the owner.

6. The Basic Amount of Insurance for the specimen policy is \$25,000. This amount can vary based on the amount selected by the owner. The minimum Basic Amount of Insurance for conversion cases can be amounts as low as \$1. The maximum Basic Amount can vary based on the Company retention limit and any reinsurance.

7. The contract premium due for the specimen policy is for a male, age 35, for a basic amount of insurance equal to \$25,000, and annual mode. The contract premium due for the specimen policy is for a nonsmoker rating class for LPL-2009. The contract premium due can vary based on the insured's age, sex, rating class, and basic amount of insurance, and the selected premium mode.

8. The Table of Guaranteed Values for the specimen policy is for a male, age 35, for a basic amount of insurance equal to \$25,000. For other policies, the Table of Guaranteed Values can vary based on the insured's sex, issue age, rating class, and basic amount of insurance.