

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
Filing Company: Pruco Life Insurance Company State Tracking Number: 42186  
Company Tracking Number: VULNT-2009 & PLI 522-2009-JSAR  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: VULNT-2009 & PLI 522-2009  
Project Name/Number: VULNT-2009 & PLI 522-2009/

## Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: VULNT-2009 & PLI 522-2009

TOI: L06I Individual Life - Variable

Sub-TOI: L06I.002 Single Life - Flexible Premium

Filing Type: Form

SERFF Tr Num: PRUD-126030200 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42186

Co Tr Num: VULNT-2009 & PLI  
522-2009-JSAR

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Diane Barrios, Marcelle  
Chapman, David Collier, Susan  
Eckler-Kerns, Rozelyn Hayes,  
Jessica Kaimo, David Koonce, Gil  
Ortiz, Eula Armstrong, John  
Steiniger, Genetta Williams

Disposition Date: 05/07/2009

Date Submitted: 04/22/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 08/15/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: VULNT-2009 & PLI 522-2009

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/07/2009

Deemer Date:

Submitted By: Eula Armstrong

Filing Description:

In Re: Pruco Life Insurance Company

NAIC # 30479227

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The Domicile  
State, Arizona, Is Exempt From Review.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/07/2009

Created By: Genetta Williams

Corresponding Filing Tracking Number:

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
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Project Name/Number: VULNT-2009 & PLI 522-2009/

Individual Life  
Form Numbers VULNT-2009 and PLI 522-2009  
New Submission

Dear Commissioner:

We enclose the following forms for filing:

VULNT-2009 Flexible Premium Variable Universal Life Insurance Policy  
PLI 522-2009 Rider to Provide Lapse Protection

VULNT-2009 and PLI 522-2009 are new forms and will not replace any of our existing forms. We plan to introduce these forms in late second or early third quarter of 2009.

To assist you in your review, the major differences between VULNT-2009, the new policy form, and VUL-2008-AR, our previously approved Flexible Premium Variable Universal Life policy form, are as follows.

- VULNT-2009 does not have a No-Lapse Guarantee provision or a Table of No-Lapse Guarantee Values. Instead, the ability to guarantee that the policy remains in force is provided by PLI 522-2009, the Rider to Provide Lapse Protection.
- VULNT-2009 has a Persistency Credit provision.
- VULNT-2009 has different available variable investment options.

The revised form also includes some minor changes in text to maintain consistency with the contract language used in other recently approved forms.

To assist you in your review, there are no major differences between PLI 522-2009, the new Rider to Provide Lapse Protection, and PLI 481-2005A, our previously approved Rider to Provide Lapse Protection. The new rider is used with Flexible Premium Variable Universal Life policies. The previously approved rider is used with Flexible Premium Universal Life policies.

These forms are targeted for the general public with an issue age range of 0 to 85.

The following previously approved application forms will be used with this policy:

ORD 96200-98 - Part 1 and Part 2 - Application for Life Insurance or Policy Change, and

COMB 84379-98 - Part 2 of Application or Request for Policy Change

ORD 86218-90 - Supplement to the Application

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Project Name/Number: VULNT-2009 & PLI 522-2009/

We have enclosed a statement of variability and actuarial memoranda for the forms.

These forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaptation to computer printing. Variable and illustrative material in the contract data pages has been bracketed.

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 11-83 if rates are changed.

In accordance with a previous agreement between your Department and Pruco Life Insurance Company, 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.

If payment is made after 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.

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

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.

## Company and Contact

### Filing Contact Information

John Steiniger, Second Vice President  
Individual Insurance Group  
213 Washington Street  
Newark, NJ 07102-2992

John.Steiniger@Prudential.com  
973-802-6104 [Phone]  
973-367-8134 [FAX]

### Filing Company Information

Pruco Life Insurance Company  
751 Broad Street

CoCode: 79227  
Group Code: 304

State of Domicile: Arizona  
Company Type: Life

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
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 Product Name: VULNT-2009 & PLI 522-2009  
 Project Name/Number: VULNT-2009 & PLI 522-2009/  
 Newark, NJ 07102-3777 Group Name: State ID Number:  
 (973) 802-6000 ext. [Phone] FEIN Number: 22-1944557  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per filing X 1 filing = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$50.00	04/22/2009	27338852

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
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 Project Name/Number: VULNT-2009 & PLI 522-2009/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/07/2009	05/07/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/06/2009	05/06/2009	Genetta Williams	05/06/2009	05/06/2009

*SERFF Tracking Number:* PRUD-126030200      *State:* Arkansas  
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*Product Name:* VULNT-2009 & PLI 522-2009  
*Project Name/Number:* VULNT-2009 & PLI 522-2009/

## **Disposition**

Disposition Date: 05/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
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 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VULNT-2009 & PLI 522-2009  
 Project Name/Number: VULNT-2009 & PLI 522-2009/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Reserves Basis and Methology		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Maximum Monthly Mortality Charge/\$1,000		Yes
Supporting Document	Certification of Compliance		Yes
Form	Flexible Premium Variable Universal Life Insurance Policy		Yes
Form	Rider To Provide Lapse Protection		Yes

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Project Name/Number: VULNT-2009 & PLI 522-2009/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/06/2009  
Submitted Date 05/06/2009  
Respond By Date 06/08/2009

Dear John Steiniger,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Flesch Certification (Supporting Document)

Comment: Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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Project Name/Number: VULNT-2009 & PLI 522-2009/

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/06/2009  
Submitted Date 05/06/2009

Dear Linda Bird,

### Comments:

We are responding to your objection letter dated 05/06/2009.

### Response 1

Comments: Attached is the Certificate of Compliance with Arkansas Regulation 33 as requested.

### Related Objection 1

Applies To:

- Flesch Certification (Supporting Document)

Comment:

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment: Attached is the certification of compliance with Arkansas Regulation 33 per your objection letter dated April 6, 2009.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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](mailto:John.Steiniger@Prudential.com).

Sincerely,

David Collier, David Koonce, Diane Barrios, Eula Armstrong, Genetta Williams, Gil Ortiz, Jessica Kaimo, John Steiniger, Marcelle Chapman, Rozelyn Hayes, Susan Eckler-Kerns

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 Project Name/Number: VULNT-2009 & PLI 522-2009/

## Form Schedule

### Lead Form Number: VULNT-2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VULNT-2009	Policy/Cont Flexible Premium ract/Fratern Variable Universal al Life Insurance Policy Certificate	Initial			VULNT-2009 AR Policy.pdf
	PLI 522-2009	Policy/Cont Rider To Provide ract/Fratern Lapse Protection al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			PLI 522-2009 BASIC.pdf

**Insured** JOHN DOE

XX XXX XXX **Policy Number**  
AUG 1, 2009 **Contract Date**

**Agency** R-NK 1

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**Flexible Premium Variable Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, investment results, any interest credited to the fixed investment options, any persistency credit added, and charges. Non-participating.**

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

**The amount and duration of the death benefit may be fixed or variable, depending on the payment of premiums, the investment experience of the variable investment options, any interest credited to the fixed investment options, any persistency credit added, and the charges made.**

**The cash value may increase or decrease daily, depending on the payment of premiums, the investment experience of the variable investment options, any interest credited to the fixed investment options, any persistency credit added, and the charges made. There is no guaranteed minimum cash value.**

If there is ever a question about this contract, please see a Pruco Life Insurance Company representative or contact one of our offices.

**Right to Cancel Contract**

You may return this contract to us within 10 days after you receive it. All you have to do is take the contract or mail it to one of our offices or to the representative who sold it to you. It will be canceled and we will return your money in accordance with applicable law.

Signed for Pruco Life Insurance Company,  
an Arizona Corporation.



Secretary



President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Pruco Life Insurance Company.

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



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**CONTRACT DATA**

**Insured's Information**

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

---

**Rating Class**

(See Segment Table on Page 4)

---

**Basic Contract Information**

Policy Number	[xx xxx xxx]
Contract Date	[August 1, 2009]
Premium Period	During the life of the Insured up to attained age 121
Beneficiary	[MARY DOE, wife]
Loan Interest Rate	4.00%
Preferred Loan Interest Rate	3.10%

---

**Type of Death Benefit** (see Death Benefit Provisions)

Type [A]

---

**Life Insurance on the Insured**

Basic Insurance Amount	[\$75,000.00]
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---

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

**Minimum Initial Premium**

The minimum initial premium due on the Contract Date is [\$109.32.]

---

**Contract Limitations**

The minimum premium we will accept is \$25.00.  
The minimum Basic Insurance Amount is [\$75,000.00].  
The minimum increase in Basic Insurance Amount is \$25,000.00.  
The minimum decrease in Basic Insurance Amount is \$5,000.00.

The minimum amount you may withdraw is \$500.00.

---

**Adjustments to Premium Payments**

From each premium paid we will:

subtract a premium-based administrative charge of up to 7.5% of the premium paid.

subtract a charge for sales expenses at a rate of up to 6% of the premium paid.

The remainder of the premium is the invested premium amount.

---

**Adjustments to the Contract Fund**

On the Contract Date the contract fund is equal to the invested premium amount credited on that date, minus any of the charges described below which may be due on that date.

On each day after the contract date, we will adjust the contract fund by:

adding any invested premium amounts.

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

adding any increase due to investment results of the variable investment options.

adding guaranteed interest at an effective annual rate of 3% (0.00809863% a day) on that portion of the contract fund that is not in a variable investment option (see Fixed Investments and Loans).

adding any excess interest at an effective annual rate that Pruco Life declares on that portion of the contract fund that is not in a variable investment option. (We will not credit excess interest to the amount of any loan.)

subtracting any decrease due to investment results of the variable investment options.

subtracting a charge against the variable investment options at an effective annual rate of not more than 0.45% (0.00123012% a day) for mortality and expense risks we assume.

subtracting any withdrawals.

subtracting an administrative charge of up to \$25.00 for any withdrawals.

subtracting an administrative charge of up to \$25.00 for any change in basic insurance amount.

subtracting an administrative charge of up to \$25.00 for each transfer between variable investment options exceeding twelve in any contract year.

subtracting any surrender charge that may result from a withdrawal, surrender, or reduction in the basic insurance amount.

And on each monthly date, we will adjust the contract fund by:

adding any persistency credit. A persistency credit at an effective annual rate that Pruco Life declares may be credited to policies in force at least 5 years and not in default (see Persistency Credit).

subtracting a monthly charge for administrative expenses for the basic insurance amount effective on the contract date of up to:  
[\$0.21] per \$1,000 of the basic insurance amount plus \$25.00;  
changing on [AUG 1, 2010] to [\$0.21] per \$1,000 of the basic insurance amount plus \$9.00 thereafter.

subtracting a monthly charge for the cost of insurance (see Cost of Insurance).

---

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

**Schedule of Maximum Surrender Charges**

For a full surrender of the segment effective on [the contract date], the maximum charge we will deduct from the contract fund is shown below.

<b>For a Surrender Occurring During Target Year</b>	<b>The Maximum Surrender Charge is:</b>
[1]	[\$628.50]
[2]	[\$628.50]
[3]	[\$628.50]
[4]	[\$565.65]
[5]	[\$502.80]
[6]	[\$439.95]
[7]	[\$377.10]
[8]	[\$307.97]
[9]	[\$201.12]
[10]	[\$94.28]
[11 and later]	[\$0.00]

We may also deduct a surrender charge when you decrease the basic insurance amount, change the type of death benefit, or make a withdrawal. (See Change in Basic Insurance Amount, Changing the Type of Death Benefit, and Withdrawals.)

---

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

**Variable Investment Options**

**The Pruco Life Variable Universal Account**

Each variable investment option of this account invests in a specific portfolio of The Prudential Series Fund and such other funds as we may specify from time to time. We show the available variable investment options of the account below. Unless we say otherwise, the variable investment options invest in funds or fund portfolios with the same names. This account is registered with the SEC under the Investment Company Act of 1940.

**The Prudential Series Fund**

- [Conservative Balanced Portfolio]
- [Flexible Managed Portfolio]
- [Money Market Portfolio]
- [SP Balanced Asset Allocation Portfolio]
- [SP Conservative Asset Allocation Portfolio]
- [SP Growth Asset Allocation Portfolio]

**Advanced Series Trust**

- [AST Advanced Strategies]
- [AST CLS Growth Asset Allocation]
- [AST CLS Moderate Asset Allocation]
- [AST First Trust Balanced Target]
- [AST First Trust Capital Appreciation Target]
- [AST Schroders Multi-Asset World Strategies]
- [AST T. Rowe Price AA]
- [AST UBS Dynamic Alpha Portfolio]

**Fixed Interest Rate Investment Option**

The fixed interest rate investment option is funded by the general account of the Company. It is described in the Fixed Investments provision of this contract.

---

**Initial Allocation of Invested Premium Amounts**

[Fixed Rate Option]	[100%]
---------------------	--------

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END OF CONTRACT DATA

**TABLE(S)**

**Segment Table**

This table is used to compute the charge for the cost of insurance and the surrender charge on decreases in the basic insurance amount. See the Cost of Insurance, Changing the Type of Death Benefit, Withdrawals, and Change in Basic Insurance Amount provisions for details. The information shown below for each segment starts on the effective date of that segment.

<b>Effective Date</b>	<b>Segment, Issue Age, &amp; Rating Class (RC)</b>	<b>Surrender Charge Threshold</b>
[Contract Date]	[\$75,000.00] Basic Insurance Amount Issue Age [35] RC = [Nonsmoker]	[\$75,000.00]

---

TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

**Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk  
 Rating Class: [NONSMOKER ]**

<b>Insured's Attained Age*</b>	<b>Maximum Monthly Rate</b>	<b>Insured's Attained Age*</b>	<b>Maximum Monthly Rate</b>
[35]	[0.09333]	[68]	[1.75917]
[36]	[0.09750]	[69]	[1.91917]
[37]	[0.10333]	[70]	[2.10583]
[38]	[0.11083]	[71]	[2.33250]
[39]	[0.11750]	[72]	[2.59750]
[40]	[0.12667]	[73]	[2.87667]
[41]	[0.13750]	[74]	[3.17667]
[42]	[0.15083]	[75]	[3.50333]
[43]	[0.16667]	[76]	[3.87167]
[44]	[0.18417]	[77]	[4.30000]
[45]	[0.20333]	[78]	[4.79750]
[46]	[0.22250]	[79]	[5.35500]
[47]	[0.23833]	[80]	[5.97667]
[48]	[0.25083]	[81]	[6.65250]
[49]	[0.26667]	[82]	[7.36833]
[50]	[0.28750]	[83]	[8.15000]
[51]	[0.31417]	[84]	[9.01917]
[52]	[0.34667]	[85]	[9.98583]
[53]	[0.38417]	[86]	[11.04917]
[54]	[0.43167]	[87]	[12.19833]
[55]	[0.48500]	[88]	[13.42000]
[56]	[0.54000]	[89]	[14.70167]
[57]	[0.59333]	[90]	[15.97833]
[58]	[0.64667]	[91]	[17.23500]
[59]	[0.70917]	[92]	[18.55167]
[60]	[0.78500]	[93]	[19.94000]
[61]	[0.87750]	[94]	[21.40250]
[62]	[0.98500]	[95]	[22.85083]
[63]	[1.10250]	[96]	[24.26500]
[64]	[1.22500]	[97]	[25.77167]
[65]	[1.35250]	[98]	[27.37833]
[66]	[1.48167]	[99]	[29.09250]
[67]	[1.61667]	[100]	[30.73000]

TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

<b>Insured's Attained Age*</b>	<b>Maximum Monthly Rate</b>	<b>Insured's Attained Age*</b>	<b>Maximum Monthly Rate</b>
[101]	[32.18250]	[111]	[52.48583]
[102]	[33.72750]	[112]	[55.23583]
[103]	[35.37000]	[113]	[58.14583]
[104]	[37.10583]	[114]	[61.22083]
[105]	[38.93417]	[115]	[64.46917]
[106]	[40.87500]	[116]	[67.89667]
[107]	[42.93417]	[117]	[71.51083]
[108]	[45.11917]	[118]	[75.31667]
[109]	[47.43500]	[119]	[79.30583]
[110]	[49.88750]	[120]	[83.33333]

\* For the segment amount(s) effective on the contract date (see Segment Table), the Insured's attained age is the issue age found on page 3 plus the length of time since the contract date.

For any segment amount(s) effective after the contract date, the Insured's attained age is the issue age of that segment plus the length of time since its effective date.

We may charge less than the maximum monthly rates. From time to time, we will consider the need to change the rates we charge. We describe the factors we use to determine such changes under General Provisions.

See the Basis of Computation for a description of the basis we use to compute these rates.

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TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

**Table of Attained Age Factors**

These factors are used to determine your death benefit as described under Death Benefit Provisions.

These factors apply during each contract year.

<b>Contract Year</b>	<b>Factors</b>	<b>Contract Year</b>	<b>Factors</b>
[1]	[4.81]	[31]	[1.84]
[2]	[4.64]	[32]	[1.79]
[3]	[4.49]	[33]	[1.75]
[4]	[4.33]	[34]	[1.70]
[5]	[4.18]	[35]	[1.66]
[6]	[4.04]	[36]	[1.62]
[7]	[3.90]	[37]	[1.58]
[8]	[3.77]	[38]	[1.55]
[9]	[3.64]	[39]	[1.51]
[10]	[3.52]	[40]	[1.48]
[11]	[3.40]	[41]	[1.45]
[12]	[3.29]	[42]	[1.42]
[13]	[3.18]	[43]	[1.39]
[14]	[3.08]	[44]	[1.36]
[15]	[2.98]	[45]	[1.34]
[16]	[2.88]	[46]	[1.32]
[17]	[2.79]	[47]	[1.29]
[18]	[2.70]	[48]	[1.27]
[19]	[2.62]	[49]	[1.25]
[20]	[2.53]	[50]	[1.24]
[21]	[2.46]	[51]	[1.22]
[22]	[2.38]	[52]	[1.20]
[23]	[2.31]	[53]	[1.19]
[24]	[2.24]	[54]	[1.17]
[25]	[2.17]	[55]	[1.16]
[26]	[2.11]	[56]	[1.15]
[27]	[2.05]	[57]	[1.14]
[28]	[1.99]	[58]	[1.13]
[29]	[1.94]	[59]	[1.12]
[30]	[1.89]	[60]	[1.11]

TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

<b>Contract Year</b>	<b>Factors</b>	<b>Contract Year</b>	<b>Factors</b>
[61]	[1.10]	[74]	[1.02]
[62]	[1.09]	[75]	[1.02]
[63]	[1.07]	[76]	[1.02]
[64]	[1.05]	[77]	[1.02]
[65]	[1.02]	[78]	[1.02]
[66]	[1.02]	[79]	[1.02]
[67]	[1.02]	[80]	[1.02]
[68]	[1.02]	[81]	[1.02]
[69]	[1.02]	[82]	[1.02]
[70]	[1.02]	[83]	[1.02]
[71]	[1.02]	[84]	[1.02]
[72]	[1.02]	[85]	[1.02]
[73]	[1.02]	[86]	[1.02]

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END OF TABLE(S)

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## DEFINITIONS

**We, our, us** and **Pruco Life**.— Pruco Life Insurance Company.

**You** and **your**.— The owner(s) of the contract.

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

**SEC**.— The Securities and Exchange Commission.

**Issue Date**.— The contract date shown on the first page.

**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.

**Monthly Date**.— The contract date and the same day as the contract date in each later month.

**Contract Month**.— A month that starts on a monthly date.

**Target Year**.— A year beginning on the effective date of a basic insurance amount segment (see Segment Table) and on the same day and month in a later year.

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## 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 Pruco Life officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

### Incontestability

Except as we state in the next sentence, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date. The exceptions are: (1) non-payment of enough premium to pay the required charges; and (2) any change in the contract that requires our approval and that would increase our liability. For any such change, we will not contest the change after it has been in effect for two years during the lifetime of the Insured.

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## **OWNERSHIP**

Unless a different owner is named in the application, the owner of the contract is the Insured. If a different owner is named, we will show that owner in an endorsement to the contract. This ownership arrangement 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.

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## **DEATH BENEFIT PROVISIONS**

We will pay a benefit to the beneficiary at the Insured's death if this contract is in force at the time of that death; that is, if it has not been surrendered and it is not in default past the grace period.

If the contract is not in default, the amount we will pay will be the death benefit determined as of the date of the Insured's death reduced by any contract debt (described under Loans).

If the contract is in default, and the Insured's death occurs in the grace period (described under Default), we will pay the death benefit reduced by any contract debt and the amount needed to pay charges through the date of death.

If the Insured's death occurs past the grace period, no death benefit is payable.

### **Death Benefit**

This contract has a Type A or Type B death benefit. We show the type of death benefit that applies to this contract under Type of Death Benefit.

If this contract has a Type A death benefit, the death benefit on any date is equal to the greater of: (1) the basic insurance amount, and (2) the contract fund before deduction of any monthly charges due on that date, multiplied by the attained age factor that applies.

If this contract has a Type B death benefit, the death benefit on any date is equal to the greater of: (1) the basic insurance amount plus the contract fund before deduction of any monthly charges due on that date, and (2) the contract fund before deduction of any monthly charges due on that date, multiplied by the attained age factor that applies.

For the purpose of computing the death benefit, if the contract fund is less than zero we will consider it to be zero. Your basic insurance amount and attained age factors are shown in the contract data pages.

### **Additional Death Benefits**

This contract may provide additional benefits, which may be payable on an Insured's death. If it does, they will be listed on a contract data page, and a form describing the benefit will be included in this contract. Any such benefit will be payable only if the contract is not in default past the grace period at the time of the death.

### **Method of Payment**

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement shown in the Settlement Options provision.

### **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 less any contract debt and less any withdrawals.

The following statement applies only with respect to an increase in the basic insurance amount resulting from a request you make in accordance with the Change in Basic Insurance Amount provision of this contract. If the Insured, whether sane or insane, dies by suicide after two years from the issue date but within two years of the effective date of an increase in the basic insurance amount, we will pay, as to the increase in amount, no more than the sum of the premiums paid on and after the effective date of the increase.

### **Interest on Death Benefit**

Any death benefit described above will be credited with interest. The amount will be the greater of: (1) interest calculated in accordance with applicable laws, and (2) interest calculated from the date of death at a rate declared by Pruco Life.

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## **CHANGE IN BASIC INSURANCE AMOUNT**

You may change the basic insurance amount, subject to our approval and all these conditions and the paragraphs that follow:

1. You must ask for the change in a form that meets our needs.
2. The change must be one permitted by our current underwriting rules.
3. The amount of an increase or decrease must be at least equal to the minimum increase or decrease in basic insurance amount shown under Contract Limitations in the contract data pages.
4. The basic insurance amount after a decrease must be at least equal to the minimum basic insurance amount shown under Contract Limitations in the contract data pages.
5. If we ask you to do so, you must send us the contract to be endorsed.
6. You must prove to us that the Insured is insurable for any increase.
7. The contract must not be in default.
8. We may deny any increase if it would cause the number of segments shown in the Segment Table in the data pages to exceed ninety-nine.
9. We will not permit an increase before the first contract anniversary.
10. You may not decrease the basic insurance amount if any surrender charge on the decrease exceeds the amount in your contract fund less the administrative charge (shown under Adjustments to the Contract Fund) for the decrease.

## **Surrender Charge on Decreases**

We may impose a partial surrender charge if you decrease the basic insurance amount. We describe the method we use to determine the maximum partial surrender charge we will deduct from the contract fund below.

If there is only one segment (see Segment Table), we will reduce that segment's basic insurance amount by the amount of the decrease. If there is more than one segment, we will decrease the basic insurance amount of each segment based on the proportion of its basic insurance amount to the total of all basic insurance segment amounts in effect just before the change.

For any segment incurring a decrease in the basic insurance amount to an amount equal to or greater than the Surrender Charge Threshold shown in the Segment Table, we will not impose a surrender charge. For any segment incurring a decrease in the basic insurance amount to an amount below this threshold, we will subtract the new basic insurance amount from the threshold amount. We will then multiply the surrender charge (see Schedule Of Maximum Surrender Charges for that segment) by the lesser of this difference and the amount of the decrease and divide by the threshold amount and deduct the result from the contract fund.

We may decline the change if we determine it would cause the contract to fail to qualify as life insurance under the applicable tax law. A change will take effect only if we approve your request for it at our Home Office and will take effect on the date we approve it. If we approve the change, we will recompute the contract's charges and values in the appropriate tables. A change in the basic insurance amount may also affect the amount of any extra benefits this contract might have. We will send you new contract data pages showing the amount and effective date of the change and the recomputed charges and values. If the Insured is not living on the effective date, the change will not take effect. We may deduct the administrative charge (shown under Adjustments to the Contract Fund) for the change.

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## **COST OF INSURANCE**

On each monthly date, we will deduct a charge for the cost of insurance from the contract fund. To determine the maximum charge for the cost of insurance, we use the following method:

We determine the maximum cost of insurance rate for each currently effective basic insurance segment amount shown in the Segment Table in the data pages using the maximum monthly rate shown under the Table of Maximum Monthly Insurance Rates for the appropriate rating class. If there is only one basic insurance segment amount currently in effect, we multiply the rate by the net amount at risk (the death benefit minus the contract fund) divided by \$1000 to compute the maximum charge for the cost of insurance.

If there are two or more basic insurance segments currently in effect, we first allocate the total net amount at risk (the death benefit minus the contract fund) to each basic insurance segment based on the proportion of its basic insurance amount to the total of basic insurance amounts for all segments currently in effect. We multiply the rate by the allocated net amount at risk divided by \$1000 for each basic insurance segment and add the results to determine the total maximum charge for the cost of insurance.

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## **CHANGING THE TYPE OF DEATH BENEFIT**

This contract has a Type A or Type B death benefit (see Death Benefit). Subject to our approval, you may change the type of death benefit. We will adjust the basic insurance amount so that the death benefit immediately after the change will remain the same as the death benefit immediately before the change. If there is more than one segment (see Segment Table), we will adjust the basic insurance amount of each segment based on the proportion of its basic insurance amount to the total of basic insurance amounts for all segments in effect just before the adjustment.

## **Type A to B**

If you are changing from a Type A to a Type B death benefit, we will reduce the basic insurance amount by the contract fund on the date the change takes effect.

## **Type B to A**

If you are changing from a Type B to a Type A death benefit, we will increase the basic insurance amount by the contract fund on the date the change takes effect.

We may deduct from the contract fund the administrative charge shown for changes in the basic insurance amount under Adjustments to the Contract Fund. If the change in the type of death benefit results in a reduction in the basic insurance amount, the basic insurance amount after the decrease must be at least equal to the minimum basic insurance amount, which we show under Contract Limitations in the contract data pages. We may deduct from the contract fund a surrender charge for a reduction in the basic insurance amount as described in the Change in Basic Insurance Amount provision.

A change in the type of death benefit will take effect only if we approve your request at our Home Office. If we approve the change, we will recompute the contract's charges, values and limitations shown in the contract data pages. The change will take effect on the monthly date that coincides with or next follows the date we approve your request. We will send you new contract data pages showing the amount and effective date of the change in basic insurance amount and the recomputed charges, values and limitations.

Your request for a change must be in a form that meets our needs. We may require you to send us this contract before we make the change.

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## **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 may 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 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.

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## **PREMIUM PAYMENT**

### **Payment of Premiums**

The minimum initial premium shown in the contract data pages is due on or before the contract date. There is no insurance under this contract until that premium is paid. We may require an additional premium if adjustments to premium payments plus any contract fund charges due on or before the payment date exceeds the minimum initial premium.

Subject to the limitations below, additional premiums may be paid at any time during the Insured's lifetime up to attained age 121 as long as the contract is not in default beyond the grace period. Premiums may be paid at one of our offices or to one of our authorized representatives. We will give a signed receipt upon request. The minimum premium we will accept is shown on a contract data page. We have the right to refuse to accept a premium payment that would in our opinion cause this contract to fail to qualify as life insurance under applicable tax law. We also have the right to refuse to accept any payment that increases the death benefit by more than it increases the contract fund.

### **Invested Premium Amount**

The invested premium amount is the portion of each premium you pay that we add to the contract fund. It is equal to the premium paid minus the adjustments to premium payments shown on a contract data page.

### **Crediting the Initial Premium Payment**

If we receive the first premium payment on or before the contract date, we will credit the invested premium amount to the contract fund on the contract date.

If we receive the first premium payment after the contract date, we will credit the premium amount to the contract fund on the payment date.

### **Allocations**

We will allocate 100% of any invested premium into the Money Market Investment Option until the tenth day after you receive this contract. At the end of that day (unless you ask us otherwise) we will re-allocate the amount in the Money Market Investment Option in accordance with the Initial Allocation of Invested Premium Amounts shown in the contract data pages.

You may allocate all or a part of your invested premium amount to one or more of the investment options listed in the contract data pages. You may choose to allocate nothing to a particular investment option. You may not choose a fractional percentage.

The initial allocation of invested premium amounts is shown on a contract data page. You may change the allocation for future invested premium amounts at any time if the contract is not in default. To change your allocation, simply notify us in a form that meets our needs. The change will take effect on the date we receive your notice; we will send you a confirmation of the transaction.

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## **CONTRACT FUND**

When you make your first premium payment, the invested premium amount, less any charges due on or before that day, becomes your contract fund. Amounts are added to and subtracted from the contract fund as shown under Adjustments to the Contract Fund in the contract data pages. The contract fund is used to pay charges under this contract and will determine, in part, whether this contract will remain in force or go into default. The contract fund is also used to determine your loan and surrender values, the amount you may withdraw, and the death benefit.

### **Cash Value**

The cash value at any time is the contract fund less any surrender charge. We show the maximum surrender charge for each segment (see Segment Table) in the Schedule of Maximum Surrender Charges for that segment. If there are two or more segments, we will add their surrender charges and deduct the total from the contract fund.

### **Net Cash Value**

The net cash value at any time is the cash value less any contract debt.

If the contract is in default, the net cash value is zero.

### **Net Amount at Risk**

The net amount at risk is used to determine the cost of insurance as described under Adjustments to the Contract Fund. It is equal to the death benefit (see Death Benefit) minus the contract fund.

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## **DEFAULT**

### **Excess Contract Debt Default**

If contract debt ever grows to be equal to or more than the cash value, the contract will have excess contract debt and will be in default.

### **Cash Value Default**

On each monthly date, we will determine the cash value. If the cash value is greater than zero and the contract has no excess contract debt, the contract will remain in force until the next monthly date. If the cash value is zero or less, the contract is in default.

### **Notice of Default**

If the contract is in default, we will mail you a notice stating the amount we will need to keep the contract in force. That amount will equal a premium which we estimate will keep the contract in force for three months from the date of default. We grant a 61-day grace period from the date we mail the notice to pay this amount. The contract will remain in force during this period. If that amount is not paid to us by the end of the 61-day grace period, the contract will end and have no value.

---

## **PERSISTENCY CREDIT**

On each monthly date after this contract has been in force at least 5 years and is not in default, we may add a persistency credit to the contract fund. The persistency credit will be calculated based on the unborrowed portion of the contract fund. The persistency credit is a result of a reduction in the margin for profit and expenses. The persistency credit is not guaranteed. We reserve the right to discontinue the persistency credit at any time.

### **Allocation of Persistency Credit**

We will allocate any persistency credit to the investment options using your investment allocation for future premium payments on file as of the monthly date.

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## **REINSTATEMENT**

If this contract ends without value, as described under Default, you may reinstate it. The following conditions must be satisfied:

1. The contract must not have been in default for more than 5 years.
2. You must prove to us that the Insured is insurable for the contract.
3. You must pay us a charge equal to: (a) an amount, if any, required to bring the cash value to zero on the date the contract went into default, plus (b) the deductions from the contract fund during the grace period following the date of default, plus (c) a premium that we estimate will be sufficient after administrative charges to cover the deductions from the contract fund for three monthly dates starting on the date of reinstatement.
4. Any existing contract debt on the date of default will be cancelled and will not be reinstated.

The date of reinstatement will be the date we approve your request. We will deduct all required charges from your payment and put the balance in your contract fund. If we approve the reinstatement, we will credit the contract fund with a refund of that part of any surrender charge deducted at the time of default which would have been charged if the contract were surrendered immediately after reinstatement.

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## **SEPARATE ACCOUNT**

### **Separate Account**

The words "separate account", when we use them in this contract without qualification, mean any separate account we establish to support variable life insurance contracts like this one. We list the separate account(s) available to you in the contract data pages. We may establish additional separate accounts. We will notify you within one year if we do so.

The investment policy of a separate account will not be changed without the approval of our domicile state. The approval process is on file with the insurance regulator where this contract is delivered.

### **Variable Investment Options**

A separate account may offer one or more variable investment options. We list them in the contract data pages. We may establish additional variable investment options. We will notify you within one year if we do so. We may also eliminate existing variable investment options, but only with the consent of the SEC and, where required, of the insurance regulator of our state of domicile and/or where this contract is delivered.

Income and realized and unrealized gains and losses from assets in each variable investment option are credited to, or charged against, that variable investment option. This is without regard to income, gains, or losses in other variable investment options.

### **Separate Account Investments**

We may invest the assets of different separate accounts in different ways. But we will do so only with the consent of the SEC and, where required, of the insurance regulator of our state of domicile and/or where this contract is delivered. The process for obtaining consent is on file, where required, with the insurance regulator of our state of domicile and/or where this contract is delivered.

The assets of the separate account shall be available to cover the liabilities of the general account only to the extent that the assets exceed the liabilities of the separate account arising under the variable life insurance policies supported by the separate account.

We will determine the value of the assets in each separate account registered with the SEC under the Investment Company Act of 1940 and any variable investment option on each day the New York Stock Exchange is open for business.

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## **FIXED INVESTMENTS**

We list any fixed investment option available to you in the contract data pages. We may establish additional fixed investment options. We will notify you within one year if we do so. You may allocate all or part of your invested premium amount to an available fixed investment option. As stated under Adjustments to the Contract Fund, we credit fixed investment options with guaranteed interest and we may credit them with excess interest.

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## **TRANSFERS**

You have the right to transfer amounts into or out of variable investment options and into any fixed investment option up to twelve times in each contract year without charge if the contract is not in default. Additional transfers may be made during each contract year, but only with our consent. We may charge for additional transfers as we state under Adjustments to the Contract Fund. Transfers out of any fixed investment option may be made only with our consent.

We may restrict the number, timing and amount of transfers in accordance with our rules if your transfer activity is determined by us to be disruptive to the variable investment option or to the disadvantage of other contract owners. We may prohibit transfer requests made by an individual acting under a power of attorney on behalf of more than one contract owner.

To make a transfer, you must ask us in a form that meets our needs. Unless otherwise restricted, the transfer will take effect on the date we receive your notice at our Home Office.

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## **SURRENDER**

You may surrender this contract for its net cash value (see Contract Fund). To do so, you must ask us in a form that meets our needs. We may require you to send us the contract.

We will usually pay any net cash value within seven days after we receive your request and the contract at our Home Office. But we have the right to postpone paying you the part of the net cash value that is to come from any variable investment option provided by a separate account registered under the Investment Company Act of 1940 if: (1) the New York Stock Exchange is closed; or (2) the SEC requires that trading be restricted or declares an emergency. We have the right to postpone paying you the remainder for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

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## **WITHDRAWALS**

You may make withdrawals from the contract subject to all these conditions and the paragraph that follows:

1. You must ask for the withdrawal in a form that meets our needs.
2. The net cash value after withdrawal may not be less than or equal to zero after deducting (a) any charges associated with the withdrawal and (b) an amount that we estimate will be sufficient to cover the contract fund deductions for two monthly dates following the date of withdrawal.
3. You may not withdraw less than the minimum amount shown under Contract Limitations.
4. The basic insurance amount after withdrawals must be at least equal to the minimum basic insurance amount shown under Contract Limitations.

Any amount withdrawn may not be repaid except as a premium subject to charges.

### **Effect on Contract Fund**

We will reduce your contract fund on the date we approve your request by the withdrawal amount and any charges listed under Adjustments to the Contract Fund. Unless you request otherwise and we agree, we will take any withdrawal proportionately from all investment options that apply to the contract.

We may charge an administrative fee as stated under Adjustments to the Contract Fund.

### **Effect on Basic Insurance Amount**

If you have a Type B death benefit, withdrawals will not affect the basic insurance amount.

If you have a Type A death benefit and the withdrawal would cause the net amount at risk (see Contract Fund) to increase, we will reduce the basic insurance amount and, consequently, your death benefit to offset this increase. The reduction in the basic insurance amount will never be more than the withdrawal amount. If we reduce the basic insurance amount, we will recompute the contract's charges, values and limitations. We will send you new contract data pages showing these changes. We may also deduct a surrender charge from the contract fund as described in the Change in Basic Insurance Amount provision.

We will usually pay any withdrawal amount within seven days after we receive your request and the contract at our Home Office. But we have the right to postpone paying you the part of the net cash value that is to come from any variable investment option provided by a separate account registered under the Investment Company Act of 1940 if: (1) the New York Stock Exchange is closed; or (2) the SEC requires that trading be restricted or declares an emergency. We have the right to postpone paying you the remainder for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

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## **LOANS**

Subject to the requirements of this provision, you may at any time borrow any amount up to the current loan value less any existing contract debt.

### **Loan Value**

If the contract is not in default, the loan value at any time is equal to the sum of (a) 99% of the cash value attributable to the variable investment options, and (b) the balance of the cash value.

If the contract is in default, it has no loan value.

### **Contract Debt**

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

## **Loan Requirements**

For us to approve a loan, the following requirements must be met: you must assign this contract to us as sole security for the loan; the Insured must be living; and the resulting contract debt must not be more than the loan value.

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. Interest is due on each contract anniversary, or when the loan is paid back, whichever comes first. If interest is not paid when due, we will increase the loan amount by any unpaid interest. Except as stated below, we charge interest at an effective annual rate shown under Loan Interest Rate in the contract data pages.

## **Preferred Loans**

A portion of the amount you may borrow on or after the 10th contract anniversary will be considered a Preferred Loan up to an amount equal to the maximum preferred loan amount described below. Preferred Loans are charged interest at an effective annual rate shown under Preferred Loan Interest Rate in the contract data pages.

## **Maximum Preferred Loan Amount**

The maximum preferred loan amount available starting on the 10th contract anniversary is (A) minus (B), where (A) is the total amount you may borrow, and (B) is the total premiums paid less total withdrawals, if any. If (B) is less than zero, we will consider it to be zero.

## **Effect on Contract Fund**

When you take a loan, the amount of the loan continues to be a part of the contract fund and is credited with interest at an effective rate of 3% a year.

We will reduce the portion of the contract fund allocated to the investment options by the amount you borrow, and by loan interest that becomes part of the loan if it is not paid when due.

We will take any loan proportionately from all investment options that apply to the contract unless you ask us otherwise.

On each monthly date, if there is a contract loan outstanding at any time during the previous month, we will increase the portion of the contract fund in the investment options by interest credits accrued on the loan since the last monthly date. When you repay all or part of a loan, we will increase the portion of the contract fund in the investment options by the amount of that repayment. To do this, we will use your investment allocation for future premium payments on file as of the loan payment date. We will also decrease the portion of the contract fund on which we credit the guaranteed interest rate of 3% a year by the amount of loan you repay.

We will not increase the portion of the contract fund allocated to the investment options by loan interest that is paid before we make it part of the loan. We reserve the right to change the manner in which we allocate loan repayments. If we make such a change, we will do so for all contracts like this one. We will send you notice of any change.

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## **GENERAL PROVISIONS**

### **Annual Report**

Once each contract year we will send you a report. It will show: the current death benefit; the amount of the contract fund in each investment option; the net cash value; any contract debt and the interest rate we are charging; premiums paid, investment results, charges deducted, and withdrawals taken since the last report. The report may also show any other data that may be required where this contract is delivered.

### **Payment of Death Claim**

If we settle this contract in one sum as a death claim we will usually pay the proceeds within seven days after we receive at our Home Office proof of the Insured's death and any other information we need to pay the claim. But we have the right to postpone paying the part of the proceeds that is to come from a variable investment option if: (1) the New York Stock Exchange is closed; or (2) the SEC requires that trading be restricted or declares an emergency. We have the right to postpone paying the remainder for up to six months.

### **Currency**

Any money we pay, or that is paid to us, must be in United States currency. Any amount we owe will be payable at our Corporate Office.

### **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 most recent deductions from the contract fund would have provided at the Insured's correct age and sex.

### **Assignment**

We will not be deemed to know of an assignment unless we receive it, or a copy of it, at our Home Office. We are not obliged to see that an assignment is valid or sufficient. This contract may not be assigned to any employee benefit plan or program 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 may be made only if we consent, and will be subject to conditions and charges that are then determined.

### **Factors Subject To Change**

Charges deducted from premium payments and the contract fund may change from time to time, subject to the maximums shown in the contract data pages. In deciding whether to change any of these charges, we will periodically consider factors such as mortality, persistency, expenses, taxes and interest and/or investment experience to see if a change in our assumptions is needed. Changes in factors will be by class. All changes will be determined only prospectively; that is, we will not recoup prior losses or distribute prior gains by means of these changes.

## **Non-Participating**

This contract will not share in our profits or surplus earnings. We will pay no dividends on it.

## **Applicable Tax Law**

This contract has been designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended. We reserve the right, however, to decline any change we determine would cause this contract to fail to qualify as life insurance under the applicable tax law. This includes changing the basic insurance amount, withdrawals, and changing the type of death benefit. We also have the right to change this contract, to require additional premium payments, or to make distributions from this contract to the extent necessary to continue to qualify this contract as life insurance. Finally, we reserve the right to take whatever action is necessary to prevent the contract from becoming a modified endowment contract under Section 7702A of the Internal Revenue Code unless you have otherwise indicated to us in writing that you want a modified endowment contract.

## **Age 121**

We discontinue the monthly charges from the contract fund on the first contract anniversary on or following the Insured's 121st birthday. You may continue the contract after that anniversary and it will then continue to operate as described in its provisions (including the Death Benefit and Contract Fund provisions), although you may not make any premium payments and no monthly charges will be deducted from the Contract Fund. Coverage may expire prior to age 121 if premiums paid are insufficient to continue the coverage to such age.

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## **BASIS OF COMPUTATION**

### **Mortality Basis and Interest Rate**

We compute maximum monthly insurance rates using:

1. the Commissioners 2001 Standard Ordinary Smoker and Nonsmoker Mortality Tables without Select Factors;
2. the issue age, sex, smoker and non-smoker status, and rating class of the Insured and the length of time since the contract date;
3. age last birthday; and
4. an effective interest rate of 3% a year.

### **Minimum Legal Values**

The cash surrender values provided by 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.

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## 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 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 (Instalments 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 (Instalments 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
		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		

Multiply the monthly amount  
By 2.996 for quarterly,  
5.981 for semi-annual or  
11.919 for annual.



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**Flexible Premium Variable Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, investment results, any interest credited to the fixed investment options, any persistency credit added, and charges. Non-participating.**

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## **RIDER TO PROVIDE LAPSE PROTECTION**

On any monthly date when the contract would otherwise be in default (see Default), we will determine the no-lapse guarantee value. If the no-lapse guarantee value is greater than zero, the contract will remain in force until the next monthly date. If the no-lapse guarantee value is zero or less, the contract is in default.

The No-Lapse Guarantee Value, No-Lapse Contract Fund, No-Lapse Charge for Sales Expenses, No-Lapse Cost of Insurance, No-Lapse Net Amount At Risk, and No-Lapse Death Benefit (described below) are reference values only and are not used in the determination of values and benefits under this contract. They are used only to determine if the contract is in default.

### **The No-Lapse Guarantee Value**

The no-lapse guarantee value is equal to the no-lapse contract fund, less any contract debt.

### **The No-Lapse Contract Fund**

When you make your first premium payment, the no-lapse invested premium amount, less any no-lapse charges due on or before that day, becomes your no-lapse contract fund. Amounts are added to and subtracted from the no-lapse contract fund as shown under No-Lapse Adjustments to the No-Lapse Contract Fund.

### **No-Lapse Charge for Sales Expenses**

We subtract a no-lapse charge for sales expenses from each premium paid. The segment allocation amounts and the initial and ultimate rates are shown in the No-Lapse Charge For Sales Expenses Rate Table. For any premium we receive in the 21-day period preceding a contract anniversary on which the initial or ultimate rates decrease, we will subtract a no-lapse charge for sales expenses no greater than the amount we would subtract if that premium were received on the contract anniversary.

To determine the amount deducted from each premium, we perform the following steps for each segment:

1. If there is only one segment we allocate the entire premium to that segment. If there are two or more segments, we allocate a portion of the premium to the segment based on the proportion of its segment allocation amount to the total of all segment allocation amounts currently in effect on the date we receive your payment.
2. We determine the amount previously allocated to the segment during the current Target Year. (This amount will be zero if there were no such previous allocations.)
3. We subtract the step 2 amount from the segment allocation amount of the segment on the date we receive your payment. If the result is less than zero, we consider it to be zero.
4. If the step 3 amount is equal to or greater than the step 1 amount for the segment, the entire step 1 amount is multiplied by the Initial Rate to determine the no-lapse charge for sales expenses for that segment. If the step 1 amount is greater than the step 3 amount, we (a) multiply the step 3 amount by the initial rate, and (b) multiply the excess step 1 amount by the ultimate rate. The total of (a) and (b) is the no-lapse charge for sales expenses for that segment.

If there is only one segment, the step 4 amount is subtracted from the premium payment. If there is more than one segment, the total step 4 amounts for all segments are subtracted from the premium payment.

### **No-Lapse Cost Of Insurance**

On each monthly date, we will deduct a charge for the no-lapse cost of insurance from the no-lapse contract fund. To determine this charge, we use the following method:

We determine the no-lapse cost of insurance rate for each currently effective basic insurance segment amount shown in the Segment Table in the data pages using the monthly rate shown under the Table of No-Lapse Monthly Insurance Rates per \$1,000 of No-Lapse Net Amount at Risk for the appropriate effective date.

If there is only one basic insurance segment amount currently in effect, we multiply the rate by the no-lapse net amount at risk divided by \$1,000 to compute the charge for the no-lapse cost of insurance.

If there are two or more basic insurance segments currently in effect, we first allocate the total no-lapse net amount at risk to each basic insurance segment based on the proportion of its basic insurance amount to the total of basic insurance amounts for all segments currently in effect. We multiply the rate by the allocated no-lapse net amount at risk divided by \$1,000 for each basic insurance segment and add the results to determine the total charge for the no-lapse cost of insurance.

### **No-Lapse Net Amount At Risk**

The no-lapse net amount at risk is equal to the no-lapse death benefit minus the no-lapse contract fund.

### **No-Lapse Death Benefit**

This contract has a Type A or Type B death benefit. We show the type of death benefit that applies to this contract under Type of Death Benefit.

If this contract has a Type A death benefit, the no-lapse death benefit is equal to the greater of (1) the basic insurance amount, and (2) the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, multiplied by the attained age factor that applies.

If this contract has a Type B death benefit, the no-lapse death benefit is equal to the greater of (1) the basic insurance amount plus the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, and (2) the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, multiplied by the attained age factor that applies.

### **Total Disability Benefit**

This contract may have a rider for the payment of an invested premium amount benefit upon the Insured's total disability. If it does, this benefit will be listed on a contract data page and a copy of the rider will be included in this contract. On each monthly date benefits are paid under this rider, we will credit the No-Lapse Contract Fund a no-lapse invested premium amount equal to the total of the monthly deductions from the No-Lapse Contract Fund on that monthly date.

### **No-Lapse Premiums**

This rider protects against default when the No-Lapse Guarantee Value is greater than zero. There sometimes are many premium schedules and amounts that will ensure the No-Lapse Guarantee Value is always greater than zero during the lifetime of the Insured. We show two such schedules of premiums in the Lapse Protection Rider Data that, if the conditions below are satisfied, will protect against default during the lifetime of the Insured. If the death benefit qualification test you elected for this contract is the guideline premium test, however, there may neither be a single premium nor a level schedule of premiums that will ensure the No-Lapse Guarantee Value is always greater than zero during the lifetime of the Insured. If that is the case, we will state this in the Lapse Protection Rider Data rather than showing a schedule of premiums.

(1) The Single Premium No-Lapse Premium is a premium amount that, if paid on the contract date, will prevent the contract from entering default during the lifetime of the Insured.

(2) The Modal No-Lapse Premium is a premium amount that, if paid on the contract date and each due date up to the Insured's attained age 121, will prevent the contract from entering default during the lifetime of the Insured.

The No-Lapse Premiums are subject to the following conditions:

1. We must receive each premium on or before its due date;
2. You must not take any loan (see Loans);
3. You must not make a withdrawal (see Withdrawal);
4. You must not change the death benefit type (see Changing the Death Benefit);
5. You must not change the basic insurance amount (see Change in Basic Insurance Amount);
6. For the Modal No-Lapse Premium, we must not at any time have paid a benefit under a rider for the payment of an invested premium amount upon the Insured's total disability.

The Schedule of No-Lapse Premiums will not appear on new Lapse Protection Rider Data pages resulting from a withdrawal or change in the Basic insurance amount.

This is a flexible premium universal life insurance policy. Subject to the limitations described in the Premium Payment provision, premiums may be paid at any time and amount up to attained age 121 as long as the contract is not in default beyond the grace period.

**Termination**

This rider will end on the earliest of:

1. the end of the last day of the grace period if the contract is in default;
2. the date the contract is surrendered for its net cash value; and
3. the date the contract ends for any other reason.

If this rider ends as the result of default, it may not be reinstated.

**This Supplementary Benefit rider attached to this contract on the Contract Date**

Pruco Life Insurance Company,

By  **SPECIMEN**

Secretary

**LAPSE PROTECTION RIDER DATA**

**No-Lapse Adjustments to Premium Payments**

From each premium paid we will:

subtract a no-lapse administrative charge of 3.75% of the premium paid.

subtract a no-lapse charge for sales expenses as described under No-Lapse Charge for Sales Expenses.

The remainder of the premium is the no-lapse invested premium amount.

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**No-Lapse Adjustments to the No-Lapse Contract Fund**

On the Contract Date the no-lapse contract fund is equal to the no-lapse invested premium amount credited on that date, minus any of the charges described below which may be due on that date.

On each day after the contract date, we will adjust the no-lapse contract fund by:

adding any no-lapse invested premium amounts.

adding no-lapse interest on that portion of the no-lapse contract fund in excess of the amount of any loan as follows:

<b>Contract Year(s)</b>	<b>Effective Annual Rate of No-Lapse Interest</b>
1-2	1.00% (0.00272616% a day)
3-4	1.62% (0.00440289% a day)
5	2.25% (0.00609624% a day)
6	2.75% (0.00743279% a day)
7	3.50% (0.00942549% a day)
8	4.50% (0.01206015% a day)
9	5.50% (0.01466978% a day)
10	6.00% (0.01596536% a day)
11	6.50% (0.01725486% a day)
12 and later	7.00% (0.01853833% a day)

RIDER DATA CONTINUED ON NEXT PAGE

### LAPSE PROTECTION RIDER DATA CONTINUED

adding no-lapse interest on that portion of the no-lapse contract fund equal to the amount of any loan at an effective annual rate of 3% (0.00809863% a day).

subtracting any withdrawals.

subtracting a no-lapse administrative charge of \$25.00 for any withdrawals.

And on each monthly date, we will adjust the no-lapse contract fund by:

subtracting a monthly charge for administrative expenses for the basic insurance amount effective on the contract date of:

[\$0.21] per \$1,000 of the basic insurance amount plus \$25.00;

changing on [AUG 1, 2010] to [\$0.21] per \$1,000 of the basic insurance amount plus \$9.00;

changing on [AUG 1, 2014] to [\$0.16] per \$1,000 of the basic insurance amount plus \$9.00.

changing on [AUG 1, 2019] to [\$0.00] per \$1,000 of the basic insurance amount plus \$9.00 thereafter.

subtracting a monthly charge for the no-lapse cost of insurance (see No-Lapse Cost of Insurance).

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#### Schedule of No-Lapse Premiums

The single premium no-lapse premium due on the contract date is [\$13,308.00].

The modal no-lapse premium due on the contract date and each subsequent [contract anniversary] is [\$684.00], ceasing on the contract anniversary on or following the Insured's 121st birthday.

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RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

**Table of No-Lapse Monthly Insurance Rates per \$1,000 of  
No-Lapse Net Amount at Risk  
Effective Date: [Contract Date]**

<b>Insured's Attained Age*</b>	<b>Monthly Rate</b>	<b>Insured's Attained Age*</b>	<b>Monthly Rate</b>
[35]	[0.07710]	[68]	[1.76305]
[36]	[0.08191]	[69]	[1.95918]
[37]	[0.09142]	[70]	[2.20565]
[38]	[0.10006]	[71]	[2.49198]
[39]	[0.10573]	[72]	[2.79823]
[40]	[0.11243]	[73]	[3.11497]
[41]	[0.11643]	[74]	[3.44639]
[42]	[0.12258]	[75]	[3.80194]
[43]	[0.12980]	[76]	[4.20364]
[44]	[0.14284]	[77]	[4.66406]
[45]	[0.15925]	[78]	[5.20315]
[46]	[0.18040]	[79]	[5.82720]
[47]	[0.20766]	[80]	[6.46750]
[48]	[0.23493]	[81]	[7.19431]
[49]	[0.26011]	[82]	[7.93942]
[50]	[0.28318]	[83]	[8.73302]
[51]	[0.30940]	[84]	[9.60562]
[52]	[0.33877]	[85]	[10.57443]
[53]	[0.37547]	[86]	[11.64146]
[54]	[0.41533]	[87]	[12.79675]
[55]	[0.46253]	[88]	[14.02006]
[56]	[0.51706]	[89]	[15.29466]
[57]	[0.57580]	[90]	[16.60625]
[58]	[0.63663]	[91]	[17.79733]
[59]	[0.70061]	[92]	[19.01759]
[60]	[0.76668]	[93]	[20.28704]
[61]	[0.85478]	[94]	[21.61116]
[62]	[0.97120]	[95]	[22.98089]
[63]	[1.10650]	[96]	[24.16973]
[64]	[1.24599]	[97]	[25.42002]
[65]	[1.33828]	[98]	[26.73333]
[66]	[1.45680]	[99]	[28.10953]
[67]	[1.59839]	[100]	[29.55404]

RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

<b>Insured's Attained Age*</b>	<b>Monthly Rate</b>	<b>Insured's Attained Age*</b>	<b>Monthly Rate</b>
[101]	[31.07374]	[111]	[37.50000]
[102]	[32.66992]	[112]	[37.50000]
[103]	[34.34399]	[113]	[37.50000]
[104]	[36.09771]	[114]	[37.50000]
[105]	[37.50000]	[115]	[37.50000]
[106]	[37.50000]	[116]	[37.50000]
[107]	[37.50000]	[117]	[37.50000]
[108]	[37.50000]	[118]	[37.50000]
[109]	[37.50000]	[119]	[37.50000]
[110]	[37.50000]	[120]	[37.50000]

\* For the segment amount(s) effective on the contract date (see Segment Table), the Insured's attained age is the issue age found on page 3 of the contract data pages plus the length of time since the contract date.

For any segment amount(s) effective after the contract date, the Insured's attained age is the issue age of that segment plus the length of time since its effective date.

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RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

**NO-LAPSE CHARGE FOR SALES EXPENSES RATE TABLE**  
(see Rider to Provide Lapse Protection for details)

FOR THE SEGMENT(S) EFFECTIVE ON [THE CONTRACT DATE]

	Initial Rate	Ultimate Rate	Segment Allocation Amount
[Contract Date]	[4.00%]	[4.00%]	[\$628.50]
Changing on [AUG 1, 2013] to:	[3.00%]	[3.00%]	[\$628.50]
Changing on [AUG 1, 2019] to:	[0.00%]	[0.00%]	[\$628.50]

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END OF RIDER DATA

<i>SERFF Tracking Number:</i>	<i>PRUD-126030200</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pruco Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42186</i>
<i>Company Tracking Number:</i>	<i>VULNT-2009 &amp; PLI 522-2009-JSAR</i>		
<i>TOI:</i>	<i>L061 Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L061.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>VULNT-2009 &amp; PLI 522-2009</i>		
<i>Project Name/Number:</i>	<i>VULNT-2009 &amp; PLI 522-2009/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Rule & Regulation 19		
<b>Attachment:</b> AR Cert of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Attached are the Previously Approved Forms ORD 96200-98 and ORD 86218-90 For Informational Purposes Only.		
<b>Attachments:</b> ORD_96200-98_040709_Prefilled.pdf ORD 86218-90.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Reserves Basis and Methology		
<b>Comments:</b> Reserves Basis and Methology		
<b>Attachment:</b> Reserve Basis and Methodology Memo_VULPR-2009.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b> Attached is the Statement of Variability for the VULNT-2009 and PLI 522-2009		
<b>Attachment:</b> STATEMENT OF VARIABILITY for VULNT-2009 and PLI 522-2009-Mar 18 2009.pdf		

SERFF Tracking Number: PRUD-126030200 State: Arkansas  
Filing Company: Pruco Life Insurance Company State Tracking Number: 42186  
Company Tracking Number: VULNT-2009 & PLI 522-2009-JSAR  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: VULNT-2009 & PLI 522-2009  
Project Name/Number: VULNT-2009 & PLI 522-2009/

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Maximum Monthly Mortality Charge/\$1,000

**Comments:**

Maximum Monthly Mortality Charge/\$1,000

**Attachment:**

Maximum Monthly Insurance Rate cois.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Certification of Compliance

**Comments:**

Attached is the certification of compliance with Arkansas Regulation 33 per your objection letter dated April 6, 2009.

**Attachment:**

AR Cert of Compliance-Reg 33.pdf

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Pruco Life Insurance Company

Form Number(s): VULNT-2009 & PLI 522-2009

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

*John Steiniger*

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Signature of Company Officer

John Steiniger

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Name

Assistant Vice President

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Title

03/09/2009

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Date

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 XX XXX XXX

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 11 / 1 / 1972  
*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

**C Coverage Information**

1. Plan of insurance Flexible Premium Variable Universal Life Policy  
 If applicable to the plan, check one.  Level Death Benefit  Variable Death Benefit
2. Initial amount of insurance \$ 75,000
3. Supplementary benefits and riders  
 Waiver of Premium  Accidental Death Benefit \$ \_\_\_\_\_  
 Applicant's Waiver of Premium  Option to Purchase Additional Insurance (OPAI) \$ \_\_\_\_\_  
 Automatic Premium Loan  Option to Purchase Paid-up Life Insurance Additions  
 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)*

	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)*  
 Annual  Semiannual  Quarterly  Monthly  
 Electronic Funds Transfer (EFT)  Payroll Budget  Government Allotment
4. Amount of prepayment submitted with this application \$ 62.37 *(include any unscheduled premium payments)*  
 None *(must be None if 1a or 1b is Yes, except for Gibraltar [GIB] products)*
5. Date prepayment collected, 5 / 1 / 2008  
*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**

CVAT

Part 1

**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 and 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?  Yes  No  
*(If Yes, complete Aviation Questionnaire.)*
- 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?  Yes  No  
*(If Yes, provide details.)* \_\_\_\_\_  
 \_\_\_\_\_
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

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 / 31 / 2001

month day year

Reason last seen Cold

Primary physician

Name

Address

(street, city, state, ZIP)

Telephone number Date last seen / /

month day year

Reason last seen

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 / /

month day year

Reason last seen

Primary physician

Name

Address

(street, city, state, ZIP)

Telephone number ( ) Date last seen / /

month day year

Reason last seen

L Physical Measurements

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

**M** Category II  
Changes  
and Plans  
other than  
Gibraltar  
(GIB)

1. Family record

	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)?  Yes  No
- g. infection caused by the Human Immunodeficiency Virus (HIV)? **(Not applicable in California. 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 or home testing 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)

**M** Category II  
**Changes and Plans other than Gibraltar (GIB)**  
*(continued)*

11. Details of "Yes" answers for questions 2-10

Question number and name of proposed insured	Indicate illness, hospitalization, reason for checkup, medication and any advice or treatment given by a medical professional	Dates and duration of illness	Name, address and telephone number of medical professionals and hospitals
2i	Cold	10/2001	Dr. William Smith
		2 days	23 Main Street
			Any City, Any State XXXXX
			XXX - XXX - XXXX

For additional medical details, use another application.

## Terms and Conditions

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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

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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:

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, New Mexico, Tennessee, Virginia and Washington:** 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  / /  
(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

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**Supplement to the Application**

The Prudential Insurance Company of America

Pruco Life Insurance Company

*A subsidiary of The Prudential Insurance Company of America*

No. XX XXX XXX

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A Supplement to the Application for a variable contract in which JOHN DOE  
\_\_\_\_\_ is named as the proposed Insured.

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I BELIEVE THIS CONTRACT MEETS MY INSURANCE NEEDS AND FINANCIAL OBJECTIVES. I  
ACKNOWLEDGE RECEIPT OF A CURRENT PROSPECTUS FOR THE CONTRACT. I UNDERSTAND  
THAT THE CONTRACT'S VALUE AND DEATH BENEFIT MAY VARY DEPENDING ON THE  
CONTRACT'S INVESTMENT EXPERIENCE .....YES  NO

An illustration of values is available upon request.

Date  
OCTOBER 1, 2005

Signature of Applicant  
JOHN DOE

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## Actuarial Memorandum

**Flexible Premium Variable Universal Life Insurance Policy    Form # VULNT-2009**  
**And Rider To Provide Lapse Protection                      Form # PLI 522-2009**

**Subject:**            VULNT-2009 Reserve Valuation

The base policy statutory reserve for this Variable Universal plan will be determined according to the NAIC Universal Life Insurance Model Regulation.

The reserve calculated according to the NAIC Universal Life Insurance Model Regulation will be equal to

$$(PVFB_{x+t} - \frac{PVFB_x}{\ddot{a}_x} * \ddot{a}_{x+t})r - ((a) - (b))\frac{\ddot{a}_{x+t}}{\ddot{a}_x}r$$

The adjustment factor  $r$  is the ratio of the policy value to the Guaranteed Maturity Fund and cannot be greater than 1. The (a) - (b) component is calculated according to the Standard Valuation Law.

In calculating this reserve, the guaranteed maturity fund specified in the Universal Life Model Regulation will assume the policyholder's account value grows at 3% interest and that the maximum mortality and expense charges permitted by the contract are deducted. All present values will be determined based on the 2001 CSO table, Smoker/Non-Smoker and an interest rate of 4.0%. Alternative minimum reserves will be calculated at 4.0%.

Joseph E. Brennan, ASA, MAAA  
Director & Actuary  
February 20, 2009

**STATEMENT OF VARIABILITY**  
**Forms VULNT-2009 and PLI 522-2009**

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

**VULNT-2009 Variable Data**

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 85.
2. The signatures of the company secretary and president are bracketed as variable on the contract jacket page. Also on the contract jacket, the Home Office address is bracketed as variable and Agency is bracketed as variable and will be determined based on the office code for the issued policy.
3. Policy number will be uniquely assigned and vary for all contracts issued. Contract date can vary for each contract issued. The contract date for the specimen policy is August 1, 2009.
4. Processing Date can also vary for each contract issued, and would be updated for any contract data pages printed in post-issue processing.
5. The beneficiary in the specimen policy is Mary Doe, wife. The beneficiary name and class will vary based on the beneficiary selected by the owner.
6. Type of Death Benefit for the specimen policy is Type A. The Type of Death Benefit could vary if the owner selects Type B.
7. The Basic Insurance Amount for the specimen policy is \$75,000. This amount can vary based on the amount selected by the owner. The minimum Basic Insurance Amount for this policy is \$75,000. The maximum Basic Insurance Amount can vary based on the Company retention limit and any reinsurance.
8. The minimum initial premium due on the contract date for the specimen policy is \$109.32. This amount can vary based on the insured's age, sex, rating class, and basic insurance amount.
9. The minimum Basic Insurance Amount for the specimen policy is \$75,000. The rules for varying this amount are based on issue age and rating class of the Insured as shown below :

Basic Insurance Amount	Minimum
Issue Ages 0-17	\$50,000
Issue Ages 18-75	\$75,000
Issue Ages 76-80	\$100,000
Issue Ages 81-85	\$250,000
with Preferred Rates Issue Ages 18 –80	\$100,000
with Preferred Rates Issue Ages 81 –85	\$250,000

10. For the specimen policy, the monthly charge for administrative expenses is up to \$0.21 per \$1,000 of the basic insurance amount plus \$25.00, changing on August 1, 2010 to \$0.21 per \$1,000 of the basic insurance amount plus \$9.00. For other policies, the monthly charges for administrative expenses can vary based on the insured's sex, issue age and rating class and the changing on date can vary based on the contract date.

11. The Schedule of Maximum Surrender Charges for the specimen policy is for a male, age 35, nonsmoker for a basic insurance amount of \$75,000. For other policies, the schedule of surrender charges can vary based on the insured's sex, issue age, rating class, and basic insurance amount. The variable date shown as [the contract date] on page 3C is to signify this as a variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional schedule would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as "the contract date".

12. The variable investment options are bracketed as variable material and may vary in the future as new funds are added or changed. The initial allocation of invested premium amounts will vary depending on the investment options and allocation percentages chosen by the owner.

13. In the Segment Table page, the Effective Date is shown as the Contract Date. The Effective Date for other added segments will vary based on the date of the requested change. The Basic Insurance Amount for the segment effective on the contract date is \$75,000. This amount can vary based on the amount selected by the owner. The minimum Basic Insurance Amount for this policy is \$75,000. The maximum Basic Insurance Amount can vary based on the Company retention limit and any reinsurance. The minimum increase in Basic Insurance Amount is \$25,000. The issue age for the segment effective on the contract date is 35. The issue age for the segment effective on the contract date can vary based on the minimum (0) and maximum issue age (85) for this policy. The issue age for segments effective after the contract date can vary depending on the Insured's issue age at that time. The RC (rating class) for the segment effective on the contract date is Nonsmoker. This can vary based on the rating class determined by our underwriting. The Surrender Charge Threshold for the segment effective on the contract date is \$75,000. This amount can vary depending on the Basic Insurance Amount.

14. The Table of Maximum Monthly Insurance Rates for the specimen policy is for a male, age 35, nonsmoker. For other policies, the Table of Maximum Monthly Insurance Rates can vary based on the insured's sex, issue age, and rating class.

15. The Table of Attained Age Factors for the specimen policy is for a male, age 35, nonsmoker, using the cash value accumulation test for the definition of life insurance. For other policies, the Table of Attained Age Factors can vary based on the insured's sex, issue age, rating class and whether the policy uses the cash value accumulation test or the guideline premium test for the definition of life insurance.

## PLI 522-2009 Variable Data

16. The effective rate for no-lapse interest varies by contract year as follows :

Contract Year(s)	Effective Rate for No-Lapse Interest
1-2	1.00%
3-4	1.62%
5	2.25%
6	2.75%
7	3.50%
8	4.50%
9	5.50%
10	6.00%
11	6.50%
12+	7.00%

The monthly charges for administrative expenses can vary based on the insured's sex, issue age and rating class. The changing on dates can vary based on the contract date. For the specimen rider, the monthly charge for administrative expenses is \$0.21 per \$1,000 of the basic insurance amount plus \$25.00, changing on August 1, 2010 to \$0.21 per \$1,000 of the basic insurance amount plus \$9.00, changing on August 1, 2014 to \$0.16 per \$1,000 of the basic insurance amount plus \$9.00, and changing on August 1, 2019 to \$0.00 per \$1,000 of the basic insurance amount plus \$9.00 thereafter.

### 17. Schedule of No-Lapse Premiums

#### A. Single Premium No-Lapse Premium

The single premium no-lapse premium will be calculated and displayed in the following statement on the rider data pages:

“The single premium no-lapse premium due on the contract date is \$[xxx.xx].”

where \$[xxx.xx] is \$13,308 for a male age 35 nonsmoker policy

If the single premium no-lapse premium cannot be calculated (a single premium may not be available for some issue ages and rating classes), the following statement will be displayed on the rider data pages:

“The single premium no-lapse premium is unavailable at this contract's issue age and rating class.”

#### B. Modal No-Lapse Premium

If the premium mode is monthly or annual, and the Minimum Initial Premium (shown in the policy data pages) is less than the calculated modal no-lapse premium, the following statement will be displayed on the rider data pages:

“The modal no-lapse premium due on the contract date and each subsequent [monthly date][contract anniversary] is \$[xxx.xx], ceasing on the contract anniversary on or following the Insured's 121st birthday.”

where \$[xxx.xx] is \$684 for annual mode for a male age 35 nonsmoker policy.

This statement would not emit for monthly mode if the monthly no-lapse premium was less than the Minimum Initial Premium.

If the premium mode is quarterly or semi-annual, and the Minimum Initial Premium (shown in the policy data pages) is less than the calculated modal no-lapse premium, the following statement will be displayed on the rider data pages:

“The modal no-lapse premium due on the contract date and each subsequent [three][six] month period is \$[xxx.xx], ceasing on the contract anniversary on or following the Insured's 121st birthday.”

If the premium mode is monthly, and the Minimum Initial Premium (shown in the policy data pages) is greater than the calculated modal no-lapse premium, the following statement will be displayed on the rider data pages:

“The modal no-lapse premium due on the contract date is \$[xxx.xx]. The modal no-lapse premium due on each subsequent monthly date is \$[zzz.zz], ceasing on the contract anniversary on or following the Insured's 121st birthday.”

If the modal premium no-lapse premium cannot be calculated (a level modal premium may not be available for some issue ages and rating classes, especially for policies that use the guideline premium test for life insurance), the following statement will be displayed on the rider data pages:

“The modal no-lapse level premium is unavailable as payment of this premium would violate the guideline premium test for life insurance you have elected. We will provide you with an illustration showing a schedule of non-level no-lapse premiums that will not violate the guideline premium test for life insurance. This schedule of non-level no-lapse premiums may not keep this contract in-force for the Insured's entire lifetime.”

18. The Table of No-Lapse Monthly Insurance Rates can vary based on the insured's sex, issue age, rating class, basic insurance amount, and segment effective date. The Table of No-Lapse Monthly Insurance Rates for the specimen rider is for a male, age 35, nonsmoker for the basic insurance amount effective on the contract date. The variable date shown as (the contract date) or (MMM DD, YYYY) is to signify this as variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional table of No-Lapse Monthly Insurance Rates would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as "the contract date".

19. The Segment Allocation Amount in the No-Lapse Charge for Sales Expenses Rate Table can vary based on the insured's sex, issue age, rating class, and segment effective date. The initial and ultimate rates and changing on dates will vary based on the contract date. The initial and ultimate rates are 4% on the contract date, changing to 3% on August 1, 2013, then changing to 0% on August 1, 2019. The variable date shown as (the contract date) or (MMM DD, YYYY) is to signify this as variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional table of No-Lapse Monthly Insurance Rates would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as "the contract date".

Max Mon Charges (COIs)

TABLE OF MAXIMUM MONTHLY INSURANCE RATES PER \$1,000

	Male NonSmk	Male Smoker	Female NonSmk	Female Smoker
0	0.06000	0.06000	0.03500	0.03500
1	0.03833	0.03833	0.02583	0.02583
2	0.02750	0.02750	0.01917	0.01917
3	0.02000	0.02000	0.01667	0.01667
4	0.01750	0.01750	0.01583	0.01583
5	0.01750	0.01750	0.01500	0.01500
6	0.01833	0.01833	0.01583	0.01583
7	0.01833	0.01833	0.01750	0.01750
8	0.01833	0.01833	0.01750	0.01750
9	0.01917	0.01917	0.01750	0.01750
10	0.02000	0.02000	0.01833	0.01833
11	0.02333	0.02333	0.02083	0.02083
12	0.02833	0.02833	0.02250	0.02250
13	0.03333	0.03333	0.02583	0.02583
14	0.04333	0.04333	0.02833	0.02833
15	0.05500	0.05500	0.03000	0.03000
16	0.06417	0.07167	0.03250	0.03583
17	0.07250	0.08583	0.03417	0.03917
18	0.07667	0.09500	0.03583	0.04250
19	0.07833	0.10250	0.03750	0.04667
20	0.07917	0.10833	0.03750	0.04917
21	0.07917	0.11333	0.03917	0.05250
22	0.07917	0.11917	0.04000	0.05500
23	0.08000	0.12500	0.04000	0.05750
24	0.08083	0.13167	0.04167	0.06083
25	0.08333	0.13917	0.04250	0.06583
26	0.08667	0.14667	0.04583	0.07000
27	0.08833	0.15083	0.04750	0.07417
28	0.08667	0.15167	0.05000	0.07917
29	0.08583	0.15083	0.05250	0.08417
30	0.08500	0.15000	0.05500	0.08917
31	0.08417	0.15083	0.05833	0.09583
32	0.08500	0.15333	0.06167	0.10250
33	0.08750	0.15833	0.06583	0.11083
34	0.08917	0.16417	0.07083	0.12167
35	0.09333	0.17083	0.07667	0.13250
36	0.09750	0.18083	0.08250	0.14333
37	0.10333	0.19250	0.08750	0.15250
38	0.11083	0.20667	0.09167	0.16167
39	0.11750	0.22250	0.09667	0.17167
40	0.12667	0.24167	0.10250	0.18250
41	0.13750	0.26500	0.10917	0.19500
42	0.15083	0.29250	0.11667	0.21083
43	0.16667	0.32500	0.12583	0.22833
44	0.18417	0.36167	0.13667	0.24917
45	0.20333	0.39833	0.14917	0.27333
46	0.22250	0.43500	0.16417	0.30167
47	0.23833	0.46583	0.18167	0.33667
48	0.25083	0.48917	0.20083	0.37833
49	0.26667	0.51917	0.22250	0.42500
50	0.28750	0.55833	0.24667	0.47500
51	0.31417	0.60917	0.27417	0.53000
52	0.34667	0.67083	0.30500	0.58917
53	0.38417	0.74500	0.33750	0.65333
54	0.43167	0.83333	0.37167	0.72167
55	0.48500	0.92750	0.41083	0.79417
56	0.54000	1.02500	0.45333	0.87167
57	0.59333	1.11500	0.49833	0.95000
58	0.64667	1.20083	0.54500	1.03167
59	0.70917	1.30167	0.59250	1.11917
60	0.78500	1.42583	0.64250	1.21000
61	0.87750	1.57750	0.69750	1.30833
62	0.98500	1.75167	0.75583	1.41250
63	1.10250	1.93833	0.81750	1.51917
64	1.22500	2.12500	0.88500	1.63417
65	1.35250	2.30750	0.96000	1.75833
66	1.48167	2.48417	1.04167	1.89333
67	1.61667	2.66250	1.13250	2.04333
68	1.75917	2.84500	1.23333	2.20750
69	1.91917	3.04583	1.34333	2.38833

Max Mon Charges (COIs)

TABLE OF MAXIMUM MONTHLY INSURANCE RATES PER \$1,000

	Male NonSmk	Male Smoker	Female NonSmk	Female Smoker
70	2.10583	3.27583	1.46750	2.59250
71	2.33250	3.55833	1.60917	2.82083
72	2.59750	3.88667	1.76417	3.06917
73	2.87667	4.21750	1.93333	3.34000
74	3.17667	4.57583	2.12083	3.62333
75	3.50333	4.97417	2.32667	3.92083
76	3.87167	5.41583	2.55250	4.24250
77	4.30000	5.92667	2.80250	4.58917
78	4.79750	6.51250	3.07500	4.96333
79	5.35500	7.15750	3.37417	5.36583
80	5.97667	7.86250	3.74583	5.86750
81	6.65250	8.61167	4.20250	6.48083
82	7.36833	9.38250	4.68583	7.11250
83	8.15000	10.20417	5.19333	7.75750
84	9.01917	11.13333	5.75917	8.42917
85	9.98583	12.18667	6.33250	9.05000
86	11.04917	13.32917	7.01000	9.76750
87	12.19833	14.54333	7.84667	10.65750
88	13.42000	15.80917	8.72917	11.54833
89	14.70167	17.11083	9.60750	12.36333
90	15.97833	18.36833	10.25417	12.82667
91	17.23500	19.56500	10.87250	13.20667
92	18.55167	20.79333	11.89750	14.02750
93	19.94000	22.06333	13.28667	15.18917
94	21.40250	23.41833	15.01667	16.80833
95	22.85083	24.78250	16.89917	18.71833
96	24.26500	26.07750	18.75333	20.53750
97	25.77167	27.44250	19.95667	21.61667
98	27.37833	28.88333	20.61000	22.04917
99	29.09250	30.40417	21.96583	23.21417
100	30.73	31.82667	23.72833	24.79
101	32.1825	33.0425	25.64333	26.49333
102	33.7275	34.32083	27.75333	28.34417
103	35.37	35.66333	30.05833	30.33667
104	37.10583	37.19417	32.57083	32.63583
105	38.93417	39.01667	35.22583	35.28667
106	40.875	40.95167	37.94333	37.99917
107	42.93417	43.00583	40.70583	40.75833
108	45.11917	45.18417	43.51583	43.56417
109	47.435	47.495	46.41917	46.46333
110	49.8875	49.94167	49.32917	49.36917
111	52.48583	52.53417	52.13417	52.17083
112	55.23583	55.27917	54.81333	54.84583
113	58.14583	58.1825	57.565	57.59333
114	61.22083	61.2525	61.00417	61.02833
115	64.46917	64.49583	64.27833	64.29917
116	67.89667	67.91833	67.69583	67.71167
117	71.51083	71.52667	71.325	71.33667
118	75.31667	75.32667	74.715	74.72333
119	79.30583	79.31167	78.255	78.25917
120	83.33333	83.33333	83.33333	83.33333

## Certificate of Compliance with Arkansas Regulation 33

Insurer: Pruco Life Insurance Company

Form Number(s): VULNT-2009 and PLI 522-2009

I have reviewed and hereby certify that the filing is in compliance with Arkansas Regulation 33 and Articles, IV, VII, IX and XI.



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Signature of Company Officer

John Steiniger

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Name

Assistant Vice President

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Title

05/06/2009

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Date