

SERFF Tracking Number: PRUD-126844986 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 47208
Company Tracking Number: ULNLG-2010 ET AL-JSAR
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ULNLG-2010 ET AL
Project Name/Number: ULNLG-2010 ET AL/

Filing at a Glance

Company: Pruco Life Insurance Company
Product Name: ULNLG-2010 ET AL
TOI: L09I Individual Life - Flexible Premium
Adjustable Life
Sub-TOI: L09I.001 Single Life

SERFF Tr Num: PRUD-126844986 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 47208
Closed
Co Tr Num: ULNLG-2010 ET AL- State Status: Approved-Closed
JSAR

Filing Type: Form

Reviewer(s): Linda Bird
Disposition Date: 11/05/2010

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Armstrong, John Steiniger, Genetta
Williams, Karen Finn

Date Submitted: 11/03/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: 01/03/2011
State Filing Description:

Implementation Date:

General Information

Project Name: ULNLG-2010 ET AL
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/05/2010

Deemer Date:
Submitted By: Rozelyn Hayes

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing is
pending approval in our Domicile State, Arizona.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 11/05/2010
Created By: David Koonce
Corresponding Filing Tracking Number:

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Filing Description:

In Re: Pruco Life Insurance Company
NAIC # 30479227
Individual Life
Form Numbers ULNLG-2010, VL 100 B4-2010 & PLI 528-2010

Dear Commissioner:

We enclose the following forms for filing:

ULNLG-2010 Flexible Premium Universal Life Insurance Policy

VL 100 B4-2010 Rider for Payment of Invested Premium Amount Benefit Upon Insured's Total Disability

PLI 528-2010 Rider to Provide Lapse Protection

These are new forms. We plan to introduce these forms in January 2011.

ULNLG-2010 is a new form and will be used as we are replacing our previously approved Flexible Premium Universal Life Insurance Policy, form ULNT-2005-AR (Approved on January 24, 2005).

PLI 528-2010 is a new form and will be used as we are replacing our previously approved Rider to Provide Lapse Protection, form PLI 481-2009 (Approved on August 24, 2009).

The policy form has been repriced and revised in this filing to eliminate increases and add a limited no-lapse guarantee provision. The rider form has been repriced and revised to change the determination of the no-lapse guarantee value to start after the limited no-lapse guarantee period and to add a no-lapse default charge.

VL 100 B4-2010 is a new form and will be used as we are replacing our previously approved disability benefit rider, form VL 100 B3-2005 (Approved on January 24, 2005), for use with this policy. The new form has been revised to change the total disability benefit to be equal to the greater of the scheduled amounts shown in the rider and the total monthly charges.

The new forms will be used with our previously approved application forms, ORD 96200-2010 and COMB 84379-2010, et al (Approved on September 3, 2009).

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This policy is marketed to the general public with an issue age range of 0 to 90. The policy form will be marketed to the general public. This form will be marketed by our agency staff, brokers authorized to sell Pruco Life products, and over the Internet. Sales of this product may also be offered through a specialized group of licensed home office employees. Internet sites such as www.prudential.com, commercial quoting engines and agent/broker Internet sites will all have information about our new life product and the options/riders that are available with it. The plan is to use the Internet to increase consumer awareness of this product through banner advertisement, content integration agreements, and other partnership agreements that direct consumers to our life product information. We will not, however, accept applications for this policy over the Internet. Our normal underwriting rules will apply and the commissions and gross premium rates are comparable to those of our other individual products.

In accordance with the regulations of your state, the policy form in this submission will be illustrated.

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, 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.

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

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 Project Name/Number: ULNLG-2010 ET AL/

Filing Contact Information

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

Filing Company Information

Pruco Life Insurance Company CoCode: 79227 State of Domicile: Arizona
 751 Broad Street Group Code: 304 Company Type: Life
 Newark, NJ 07102-3777 Group Name: State ID Number:
 (973) 802-6000 ext. [Phone] FEIN Number: 22-1944557

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: The filing fee is \$50.00 per form. \$50.00 x 3= \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$150.00	11/03/2010	41518965

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/05/2010	11/05/2010

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Disposition

Disposition Date: 11/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Reserves	Yes	Yes
Supporting Document	Maximum Monthly Mortality Charge	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Actuarial Memorandum	No	No
Form	Flexible Premium Universal Life Insurance Policy	Yes	Yes
Form	Rider To Provide Lapse Protection	Yes	Yes
Form	Rider For Payment of Invested Premium Amount Benefit Upon Insured's Total Disability	Yes	Yes

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Form Schedule

Lead Form Number: ULNLG-2010

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ULNLG-2010	Policy/Cont Flexible Premium ract/Fratern Universal Life al Insurance Policy Certificate	Initial		59.600	ULNLG-2010 Policy for AR.pdf
	PLI 528-2010	Policy/Cont Rider To Provide ract/Fratern Lapse Protection al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44.100	PLI 528-2010 Rider.pdf
	VL 100 B4-2010	Policy/Cont Rider For Payment of Initial ract/Fratern Invested Premium al Amount Benefit Upon Certificate: Insured's Total Amendmen Disability t, Insert Page, Endorseme nt or Rider			44.700	VL 100 B4- 2010 Basic Rider.pdf



Pruco Life Insurance Company
213 Washington Street, Newark, NJ 07102
A Prudential company

Insured JOHN DOE

XX XXX XXX **Policy Number**
DEC 1, 2010 **Contract Date**

Agency R-NK1

Flexible Premium Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, interest credited to the contract fund, 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, any interest credited to the contract fund, and the charges made.

The cash value may increase or decrease daily, depending on the payment of premiums, any interest credited to the contract fund, 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.

(This page intentionally left blank.)

CONTRACT DATA

Insured's Information

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

Rating Class

[Nonsmoker]

Basic Contract Information

Policy Number	[xx xxx xxx]
Contract Date	[December 1, 2010]
Premium Period	During the life of the Insured up to attained age 121
Beneficiary	[MARY DOE, wife]

Loan Interest Rate	3.00%
Preferred Loan Interest Rate	2.25%

Type of Death Benefit (see Death Benefit Provisions)

[Type A]

Life Insurance on the Insured

Basic Insurance Amount	[\$50,000.00]
------------------------	---------------

Minimum Initial Premium

The minimum initial premium due on the Contract Date is [\$41.09].

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

Contract Limitations

The minimum premium we will accept is \$25.00.

The minimum Basic Insurance Amount is [\$50,000.00.]

The minimum decrease in Basic Insurance Amount is \$5,000.00.

The minimum amount you may withdraw is \$250.00.

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 12% 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.

adding guaranteed interest at an effective annual rate of 2% (0.00542552% a day).

adding any excess interest at an effective annual rate that Pruco Life declares. (We will not credit excess interest to the amount of any loan.)

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

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 decrease in basic insurance amount.

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:

subtracting a monthly charge for administrative expenses of up to: [\$0.29] per \$1,000 of the basic insurance amount plus \$20.00.

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

Schedule of Maximum Surrender Charges

For a full surrender of the contract, the maximum charge we will deduct from the contract fund is shown below.

For a Surrender Occurring During Contract Year	The Maximum Surrender Charge is:
[1]	[\$830.78]
[2]	[\$790.50]
[3]	[\$750.22]
[4]	[\$704.90]
[5]	[\$664.62]
[6]	[\$624.34]
[7]	[\$584.06]
[8]	[\$538.75]
[9]	[\$498.47]
[10]	[\$458.19]

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

For a Surrender Occurring During Contract Year	The Maximum Surrender Charge is:
[11]	[\$417.91]
[12]	[\$372.59]
[13]	[\$332.31]
[14]	[\$292.03]
[15]	[\$251.75]
[16]	[\$206.44]
[17]	[\$166.16]
[18]	[\$125.88]
[19]	[\$85.60]
[20]	[\$40.28]
[21] 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 Decrease in Basic Insurance Amount, Changing the Type of Death Benefit, and Withdrawals.)

END OF CONTRACT DATA

TABLE(S)

Table of Limited No-Lapse Guarantee Values

The amounts below are not cash amounts that you can realize by surrendering the contract, nor are they death benefits payable. They are amounts used solely to determine whether the contract is protected against default on a monthly date as described under Limited No-Lapse Guarantee.

These values are used to determine the limited no-lapse guarantee as described under Limited No-Lapse Guarantee. The values on contract anniversaries are shown below. On a date that falls between two anniversaries, the value will fall between the values for those anniversaries considering the time that has passed since the last anniversary.

The Limited No-Lapse Guarantee period is the first [5] contract years.

Contract Anniversary	Limited No-Lapse Guarantee Value
Contract Date	[\$0.00]
[1st]	[\$470.20]
[2nd]	[\$954.50]
[3rd]	[\$1,453.33]
[4th]	[\$1,967.12]
[5th]	[\$2,496.33]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk

Contract Year	Maximum Monthly Rate	Contract Year	Maximum Monthly Rate
[1]	[0.09333]	[34]	[1.75917]
[2]	[0.09750]	[35]	[1.91917]
[3]	[0.10333]	[36]	[2.10583]
[4]	[0.11083]	[37]	[2.33250]
[5]	[0.11750]	[38]	[2.59750]
[6]	[0.12667]	[39]	[2.87667]
[7]	[0.13750]	[40]	[3.17667]
[8]	[0.15083]	[41]	[3.50333]
[9]	[0.16667]	[42]	[3.87167]
[10]	[0.18417]	[43]	[4.30000]
[11]	[0.20333]	[44]	[4.79750]
[12]	[0.22250]	[45]	[5.35500]
[13]	[0.23833]	[46]	[5.97667]
[14]	[0.25083]	[47]	[6.65250]
[15]	[0.26667]	[48]	[7.36833]
[16]	[0.28750]	[49]	[8.15000]
[17]	[0.31417]	[50]	[9.01917]
[18]	[0.34667]	[51]	[9.98583]
[19]	[0.38417]	[52]	[11.04917]
[20]	[0.43167]	[53]	[12.19833]
[21]	[0.48500]	[54]	[13.42000]
[22]	[0.54000]	[55]	[14.70167]
[23]	[0.59333]	[56]	[15.97833]
[24]	[0.64667]	[57]	[17.23500]
[25]	[0.70917]	[58]	[18.55167]
[26]	[0.78500]	[59]	[19.94000]
[27]	[0.87750]	[60]	[21.40250]
[28]	[0.98500]	[61]	[22.85083]
[29]	[1.10250]	[62]	[24.26500]
[30]	[1.22500]	[63]	[25.77167]
[31]	[1.35250]	[64]	[27.37833]
[32]	[1.48167]	[65]	[29.09250]
[33]	[1.61667]	[66]	[30.73000]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Contract Year	Maximum Monthly Rate	Contract Year	Maximum Monthly Rate
[67]	[32.18250]	[77]	[52.48583]
[68]	[33.72750]	[78]	[55.23583]
[69]	[35.37000]	[79]	[58.14583]
[70]	[37.10583]	[80]	[61.22083]
[71]	[38.93417]	[81]	[64.46917]
[72]	[40.87500]	[82]	[67.89667]
[73]	[42.93417]	[83]	[71.51083]
[74]	[45.11917]	[84]	[75.31667]
[75]	[47.43500]	[85]	[79.30583]
[76]	[49.88750]	[86]	[83.33333]

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.

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.

Contract Year	Factors	Contract Year	Factors
[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

Contract Year	Factors	Contract Year	Factors
[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]	[1.00]

END OF TABLE(S)

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.

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.

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

OWNERSHIP

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.

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.

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.

DECREASE IN BASIC INSURANCE AMOUNT

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

1. You must ask for the decrease in a form that meets our needs.
2. The amount of a decrease must be at least equal to the minimum decrease in basic insurance amount shown under Contract Limitations in the contract data pages.
3. 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.
4. If we ask you to do so, you must send us the contract to be endorsed.
5. The contract must not be in default.
6. 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 will reduce the basic insurance amount by the amount of the decrease. To determine the surrender charge associated with the decrease, we multiply the surrender charge (see Schedule of Maximum Surrender Charges) by the amount of the decrease, and divide by the basic insurance amount before the decrease.

We may decline the decrease if we determine it would cause the contract to fail to qualify as life insurance under the applicable tax law. A decrease 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 decrease, we will recompute the contract's charges and values in the appropriate tables. A decrease 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 decrease and the recomputed charges and values. If the Insured is not living on the effective date, the decrease will not take effect. We may deduct the administrative charge (shown under Adjustments to the Contract Fund) for the decrease.

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 the basic insurance amount shown in the contract data pages using the maximum monthly rate shown under the Table of Maximum Monthly Insurance Rates. We multiply the rate by the net amount at risk (the death benefit minus the contract fund) divided by \$1,000 to compute the maximum charge for the cost of insurance.

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.

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 a decrease 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 Decrease 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.

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.

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.

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 in the Schedule of Maximum Surrender Charges.

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.

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 unless it remains in force under a no-lapse guarantee.

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.

LIMITED NO-LAPSE GUARANTEE

On each monthly date during the Limited No-Lapse Guarantee period shown under the Table of Limited No-Lapse Guarantee Values, and while the contract is in force, we will:

1. Accumulate premium payments at 3% annual interest from the Monthly Date on or preceding the date of receipt;
2. Accumulate any withdrawal amounts at 3% annual interest; and
3. If the contract was previously reinstated (see Reinstatement), accumulate at 3% annual interest any loan amount at the time of default.

We then subtract amounts 2 and 3 from amount 1 and compare the result to the values shown in or derived from the Table of Limited No-Lapse Guarantee Values for such monthly date. If the result is equal to or greater than the appropriate value and the contract has no excess contract debt, the contract will remain in force until the next monthly date. If the result is less than the appropriate value and any of the events described under Default have occurred, the contract is in default as described under Default.

The Table of Limited No-Lapse Guarantee Values shows such values on contract anniversaries. On a date that falls between two anniversaries, the value will fall between the values for those anniversaries considering the time that has passed since the last anniversary.

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 deduction of the charges shown under Adjustments to Premium Payments 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.

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 (if we require it) at our Home Office. But we have the right to postpone paying it 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.

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.

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 Decrease in Basic Insurance Amount provision.

We will usually pay any withdrawal amount within seven days after we receive your request and the contract (if we require it) at our Home Office. But we have the right to postpone paying it 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.

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 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 2% a year.

GENERAL PROVISIONS

Annual Report

Once each contract year we will send you, without charge, a report. It will show: the current death benefit; the amount of the contract fund; the cash value; any contract debt and the interest rate we are charging; premiums paid, interest credited, charges deducted, and withdrawals taken since the last report. You may request a similar report at some other time during the year. We have the right to charge up to \$25 for such reports. 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.

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 of 1986 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. Loans, loan repayments, and withdrawals can continue to be made after age 121. Cash value default may not occur on or following such anniversary. Excess contract debt default may occur if contract debt ever grows to be equal to or more than the cash value (see Default). Coverage may expire prior to age 121 if premiums paid are insufficient to continue the coverage to such age.

BASIS OF COMPUTATION

Mortality Basis and Interest Rate

We compute maximum monthly insurance rates using:

1. the Commissioners 2001 Standard Ordinary Smoker and Nonsmoker Ultimate Mortality Table;
2. the issue age, sex, smoker and nonsmoker 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 2% 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.

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.

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

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Flexible Premium Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, interest credited to the contract fund, and charges. Non-participating.

RIDER TO PROVIDE LAPSE PROTECTION

On any monthly date after the Limited No-Lapse Guarantee period (see Limited No-Lapse Guarantee), when the contract would otherwise be in default (see Default), the contract will remain in force until the next monthly date if the no-lapse guarantee value is greater than zero. If the no-lapse guarantee value is zero or less, the contract is in default (see No-Lapse Default Charge).

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, No-Lapse Death Benefit, and No-Lapse Default Charge (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.

No-Lapse Guarantee Value

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

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. Beginning on the contract date, 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 premium 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:

1. We determine any premium amount already paid during the current contract year. (This amount may be zero.)
2. We subtract the step 1 amount from the premium allocation amount on the date we receive your payment. If the result is less than zero, we consider it to be zero.
3. If the Current Premium amount is less than or equal to the step 2 amount, the entire premium amount is multiplied by the Initial Rate to determine the no-lapse charge for sales expenses for that premium. If the Current Premium amount is greater than the step 2 amount, we (a) multiply the step 2 amount by the initial rate, and (b) multiply the difference between the submitted premium and the step 2 amount by the ultimate rate. The total of (a) and (b) is the no-lapse charge for sales expenses for that premium.

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 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.

We multiply that rate by the no-lapse net amount at risk divided by \$1,000 to compute the charge for the no-lapse cost of insurance.

No-Lapse Default Charge

On any monthly date after the Limited No-Lapse Guarantee period (see Limited No-Lapse Guarantee), when the contract enters default, we will deduct a no-lapse default charge from the no-lapse contract fund. This charge will be deducted no more than once each contract year. Although this charge is not used to determine values and benefits under this contract, it may serve to increase the premium required to keep the contract in force following default (see Default).

The Table of Maximum No-Lapse Default Charges on the contract data pages shows the no-lapse default charge per \$1,000 of the basic insurance amount during each contract year. We determine the no-lapse default charge by multiplying the rate shown in the table for the appropriate contract year, multiplied by the basic insurance amount, divided by \$1,000. We may charge less than the maximum no-lapse default charge. The no-lapse default charge may change from time to time, subject to the maximum charge shown in the aforementioned table. In deciding whether to change this charge, we will periodically consider factors such as mortality, persistency, taxes, and interest and/or investment experience to see if a change in our assumptions is needed.

Any change in the No-Lapse Default Charge will apply to your contract only if it applies to all other contracts in the same class (same plan, issue age, sex, duration and rating class) as yours.

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 in the contract data pages.

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 with a no-lapse invested premium amount equal to the total of the monthly deductions from the No-Lapse Contract Fund on that monthly date. However, we will not credit the no-lapse default charge, if any, to the no-lapse contract fund under any total disability benefit.

No-Lapse Premiums

This contract has two features that protect against default (see Default) when the cash value is zero or less. The Limited No-Lapse Guarantee protects against default during the Limited No-Lapse Guarantee Period (see Table of Limited No-Lapse Guarantee Values) as described in the Limited No-Lapse Guarantee provision. After the Limited No-Lapse Guarantee Period, this rider protects against default when the No-Lapse Guarantee Value is greater than zero. There are many premium schedules and amounts that will protect against default both during and after the Limited No-Lapse Guarantee Period. We show two such schedules of premiums in the lapse protection rider data pages that, if the following conditions are satisfied, will protect against default during the lifetime of the Insured:

(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 before or during the contract month in which it is due;
2. You must not take any loan (see Loans);
3. You must not make a withdrawal (see Withdrawals);
4. You must not change the death benefit type (see Changing The Type Of Death Benefit); and
5. 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 decrease 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 
 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.

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:

<u>Contract Year(s)</u>	<u>Effective Annual Rate of No-Lapse Interest</u>
1 - 15	5.85% 0.01557733% a day)
16 - 25	5.75% (0.01531833% a day)
26-35	5.30% (0.01414983% a day)
36 and later	4.50% (0.01206015% a day)

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 2% (0.00542552% a day).

subtracting any withdrawals.

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

subtracting any no-lapse default charge.

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

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

subtracting a monthly charge for administrative expenses of:
[\$0.29] per \$1,000 of the basic insurance amount plus \$10.00.

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

Schedule of No-Lapse Premiums

The single premium no-lapse premium due on the contract date is [\$8,691.00].

The modal no-lapse premium due on the contract date and each subsequent [contract anniversary] is [\$492.00], ceasing on the contract anniversary on or following the Insured's 121st birthday.

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

Contract Year	Monthly Rate	Contract Year	Monthly Rate
[1]	[0.05638]	[36]	[0.43252]
[2]	[0.05716]	[37]	[0.47488]
[3]	[0.05825]	[38]	[0.52441]
[4]	[0.05965]	[39]	[0.57659]
[5]	[0.06090]	[40]	[0.63266]
[6]	[0.06261]	[41]	[0.69371]
[7]	[0.06464]	[42]	[0.76255]
[8]	[0.06713]	[43]	[0.84261]
[9]	[0.07009]	[44]	[0.93559]
[10]	[0.07336]	[45]	[1.03979]
[11]	[0.07694]	[46]	[1.15598]
[12]	[0.08052]	[47]	[1.28229]
[13]	[0.08348]	[48]	[1.41608]
[14]	[0.08582]	[49]	[1.56217]
[15]	[0.08878]	[50]	[1.72462]
[16]	[0.09267]	[51]	[1.90529]
[17]	[0.09766]	[52]	[2.10403]
[18]	[0.10373]	[53]	[2.31881]
[19]	[0.11074]	[54]	[2.54714]
[20]	[0.11962]	[55]	[2.78668]
[21]	[0.12958]	[56]	[3.02529]
[22]	[0.13986]	[57]	[3.26016]
[23]	[0.14983]	[58]	[3.50624]
[24]	[0.15980]	[59]	[3.76572]
[25]	[0.17148]	[60]	[4.03907]
[26]	[0.18565]	[61]	[4.30976]
[27]	[0.20294]	[62]	[4.57407]
[28]	[0.22303]	[63]	[4.85566]
[29]	[0.24500]	[64]	[4.80711]
[30]	[0.26789]	[65]	[4.75903]
[31]	[0.29172]	[66]	[4.71144]
[32]	[0.31586]	[67]	[4.66433]
[33]	[0.34109]	[68]	[4.61769]
[34]	[0.36773]	[69]	[4.57151]
[35]	[0.39763]	[70]	[4.52579]

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

Contract Year	Monthly Rate	Contract Year	Monthly Rate
[71]	[4.48054]	[79]	[4.13439]
[72]	[4.43573]	[80]	[4.09305]
[73]	[4.39137]	[81]	[4.05212]
[74]	[4.34746]	[82]	[4.01160]
[75]	[4.30399]	[83]	[3.97148]
[76]	[4.26095]	[84]	[3.93177]
[77]	[4.21834]	[85]	[3.89245]
[78]	[4.17615]	[86]	[3.85352]

RIDER DATA CONTINUED ON NEXT PAGE

PROCESSING DATE: [XXX XX, XXXX]
POLICY NO. [XX XXX XXX]

LAPSE PROTECTION RIDER DATA CONTINUED

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

	Initial Rate	Ultimate Rate	Premium Allocation Amount
Contract Date	[2.50%]	[2.50%]	[\$503.50]

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

Table of Maximum No-Lapse Default Charges per \$1,000 of Basic Insurance Amount

Contract Year	Maximum No-Lapse Default Charge	Contract Year	Maximum No-Lapse Default Charge
[1-5]	[N/A]	[40]	[2.76797]
[6]	[0.40154]	[41]	[2.95113]
[7]	[0.83654]	[42]	[3.15766]
[8]	[1.07139]	[43]	[3.39782]
[9]	[1.08026]	[44]	[3.67677]
[10]	[1.09008]	[45]	[3.98936]
[11]	[1.10082]	[46]	[4.33793]
[12]	[1.11157]	[47]	[4.71687]
[13]	[1.12045]	[48]	[5.11824]
[14]	[1.12746]	[49]	[5.55652]
[15]	[1.13633]	[50]	[6.04386]
[16]	[1.14802]	[51]	[6.58587]
[17]	[1.16297]	[52]	[7.18208]
[18]	[1.18119]	[53]	[7.82642]
[19]	[1.20222]	[54]	[8.51141]
[20]	[1.22885]	[55]	[9.23004]
[21]	[1.25875]	[56]	[9.94587]
[22]	[1.28959]	[57]	[10.65048]
[23]	[1.31950]	[58]	[11.38873]
[24]	[1.34940]	[59]	[12.16717]
[25]	[1.38444]	[60]	[12.98720]
[26]	[1.42696]	[61]	[13.79928]
[27]	[1.47883]	[62]	[14.59220]
[28]	[1.53910]	[63]	[15.43699]
[29]	[1.60499]	[64]	[15.29132]
[30]	[1.67367]	[65]	[15.14710]
[31]	[1.74516]	[66]	[15.00433]
[32]	[1.81758]	[67]	[14.86299]
[33]	[1.89328]	[68]	[14.72306]
[34]	[1.97318]	[69]	[14.58453]
[35]	[2.06289]	[70]	[14.44738]
[36]	[2.16755]	[71]	[14.31161]
[37]	[2.29465]	[72]	[14.17719]
[38]	[2.44323]	[73]	[14.04412]
[39]	[2.59976]	[74]	[13.91238]

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

Contract Year	Maximum No-Lapse Default Charge	Contract Year	Maximum No-Lapse Default Charge
[75]	[13.78196]	[81]	[13.02635]
[76]	[13.65284]	[82]	[12.90479]
[77]	[13.52501]	[83]	[12.78444]
[78]	[13.39846]	[84]	[12.66530]
[79]	[13.27317]	[85]	[12.54734]
[80]	[13.14914]	[86]	[12.43057]

END OF RIDER DATA

RIDER FOR PAYMENT OF INVESTED PREMIUM AMOUNT BENEFIT UPON INSURED'S TOTAL DISABILITY

This benefit is a part of this contract only if it is listed on a contract data page.

Total Disability Benefit

Subject to the conditions and exceptions stated below, after we have approved a claim, we will pay invested premium amounts into the contract fund on each monthly date while the Insured is totally disabled.

The amounts of these payments will equal the greater of (A) the amounts shown under the Schedule of Disability Benefits in this rider, and (B) the total of all charges deducted on each monthly date as shown under Adjustments to the Contract Fund.

This is subject to all the provisions of this rider and the rest of this contract. Payments made by us will be used to increase the accumulated premiums described in Limited No-Lapse Guarantee.

The Schedule of Disability Benefits in this rider will change if (1) we approve your request to change the basic insurance amount, (2) you change the type of death benefit, (3) you make a withdrawal that would cause us to change the basic insurance amount or (4) you change or cancel any rider for which we show a charge under Adjustments to the Contract Fund. We will send you a new Schedule of Disability Benefits showing the recomputed amount(s) and the effective date of the change.

Total Disability Defined

When we use the terms total disability and totally disabled in this benefit we mean that: (1) until the Insured has stayed totally disabled for two years, the Insured cannot, due to sickness or injury, perform any of the duties of his or her regular occupation; but (2) after the Insured has stayed totally disabled for two years, the Insured cannot, due to sickness or injury, perform any gainful work for which the Insured is reasonably fitted by education, training or experience.

Except for what we state in the next sentence, we will at no time regard an Insured as totally disabled who is doing gainful work for which the Insured is reasonably fitted by education, training, or experience. We will regard an Insured as totally disabled, even if working or able to work, if the Insured incurs, during a period in which premiums are eligible to be paid by us as we describe below, one of the following: (1) permanent and complete blindness of both eyes; or (2) physical severance of both hands at or above the wrists or both feet at or above the ankles; or (3) physical severance of one hand at or above the wrist and one foot at or above the ankle.

Invested Premium Amounts Eligible to Be Paid by Us

If the Insured becomes totally disabled before the first contract anniversary on or following the Insured's 60th birthday and that total disability begins: (1) on or after the first contract anniversary on or following the Insured's 5th birthday, if the contract date was before that birthday; or (2) on or after the contract date, if that date was on or after the Insured's 5th birthday, we will make payments under this benefit on each monthly date while the Insured remains totally disabled.

If the Insured becomes totally disabled on or after the first contract anniversary on or after the Insured's 60th birthday, we will not make any payments during that period of total disability.

Conditions

We will not pay any premiums into the contract until we approve a claim. Once approved, we will pay into the contract as of each monthly date the invested premium amount as described under Total Disability Benefit for monthly dates on and after the onset of total disability and through the date of approval.

Before we will approve a claim, all of these conditions must be met: (1) the Insured must become totally disabled while this contract is in force and not in default past the last day of the grace period; (2) the Insured must be totally disabled for a period of at least six continuous months while living; and (3) we must receive proof of total disability in a form satisfactory to us.

Exceptions

We will not pay any premiums into the contract if the Insured becomes totally disabled from: (1) an injury the Insured causes to himself or herself, on purpose; or (2) sickness or injury due to service on or after the date of this rider in the armed forces of any country(ies) at war. The word war means declared or undeclared war and includes resistance to armed aggression.

Successive Disabilities

Here is what happens if the Insured has at least one payment made by us while totally disabled, then gets well, and then becomes totally disabled again. In this case, we will not apply the six-month continuous disability period that would otherwise be required by Condition (2) and will consider the second period of total disability to be part of the first period unless: (A) the Insured has done gainful work, for which the Insured is reasonably fitted, for at least six months between the periods; or (B) the Insured became totally disabled the second time from an entirely different cause.

If we do not apply the six-month period required by Condition (2), we also will not count the days when there was not total disability as part of the two year period when total disability means the Insured cannot do any of the duties of the Insured's regular occupation.

Notice and Proof of Claim

Notice and proof of any claim should be given to us, if possible, while the Insured is living and totally disabled. We may also require proof from time to time that the Insured is still totally disabled. After the Insured has been continuously totally disabled for two years, we will not ask for proof of continued total disability more than once a year; and we will require no further proof of continued total disability after the first contract anniversary following the Insured's 65th birthday if the Insured has then been continuously totally disabled for at least five years. As a part of any proof, we have the right to require that the Insured be examined at our expense by doctors of our choice.

Benefit Charges

The monthly charge for this benefit is deducted on each monthly date from the contract fund. The amount of that charge is described under Adjustments to the Contract Fund. If we approve a claim for this benefit, benefit charges will be waived while the Insured is totally disabled.

Premiums Paid During Total Disability

You may make premium payments if you wish, as provided in the Premium Payment section of the contract even when we are making payments under this benefit.

When We Will Stop Paying Invested Premium Amounts

We will stop paying invested premium amounts if: (1) total disability ends; or (2) we ask for proof that the Insured is totally disabled and we do not receive it by the date requested; or (3) we require that the Insured be examined and the Insured fails to do so. We will also stop paying invested premium amounts on and after the contract anniversary on or immediately following the Insured's 121st birthday.

Termination

This benefit will end on the earliest of:

1. the end of the grace period if the contract is in default;
2. the end of the day before the first contract anniversary on or following the Insured's 60th birthday unless the Insured is totally disabled at that time; and
3. the date the contract ends for any other reason.

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

Pruco Life Insurance Company,

By



Secretary

CONTRACT DATA

Insured's Information

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

Rating Class

[Nonsmoker]

Basic Contract Information

Policy Number	[xx xxx xxx]
Contract Date	[December 1, 2010]
Premium Period	During the life of the Insured up to attained age 121
Beneficiary	[MARY DOE, wife]
Loan Interest Rate	3.00%
Preferred Loan Interest Rate	2.25%

Type of Death Benefit (see Death Benefit Provisions)

[Type A]

Life Insurance on the Insured

Basic Insurance Amount	[\$50,000.00]
------------------------	---------------

Other Benefit(s) on the Insured (see appropriate form for details)

[Rider VL 100 B4 - Payment of Invested Premium Amount Benefit Upon Insured's Total Disability.]

Minimum Initial Premium

The minimum initial premium due on the Contract Date is [\$44.90].

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

Contract Limitations

The minimum premium we will accept is \$25.00.

The minimum Basic Insurance Amount is [\$50,000.00.]

The minimum decrease in Basic Insurance Amount is \$5,000.00.

The minimum amount you may withdraw is \$250.00.

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 12% 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.

adding guaranteed interest at an effective annual rate of 2% (0.00542552% a day).

adding any excess interest at an effective annual rate that Pruco Life declares. (We will not credit excess interest to the amount of any loan.)

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

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 decrease in basic insurance amount.

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:

subtracting a monthly charge for administrative expenses of up to: [\$0.29] per \$1,000 of the basic insurance amount plus \$20.00.

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

[subtracting a monthly charge for the Payment of Invested Premium Amount Benefit Upon Insured's Total Disability (Rider VL 100 B4) of [7.519]% of the current total disability benefit as described in the Total Disability Benefit provision of the rider (this charge is waived during periods of total disability as described in the rider).]

Schedule of Maximum Surrender Charges

For a full surrender of the contract, the maximum charge we will deduct from the contract fund is shown below.

For a Surrender Occurring During Contract Year	The Maximum Surrender Charge is:
[1]	[\$830.78]
[2]	[\$790.50]
[3]	[\$750.22]
[4]	[\$704.90]
[5]	[\$664.62]
[6]	[\$624.34]
[7]	[\$584.06]
[8]	[\$538.75]
[9]	[\$498.47]
[10]	[\$458.19]

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

For a Surrender Occurring During Contract Year	The Maximum Surrender Charge is:
[11]	[\$417.91]
[12]	[\$372.59]
[13]	[\$332.31]
[14]	[\$292.03]
[15]	[\$251.75]
[16]	[\$206.44]
[17]	[\$166.16]
[18]	[\$125.88]
[19]	[\$85.60]
[20]	[\$40.28]
[21] 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 Decrease in Basic Insurance Amount, Changing the Type of Death Benefit, and Withdrawals.)

END OF CONTRACT DATA

TABLE(S)

Table of Limited No-Lapse Guarantee Values

The amounts below are not cash amounts that you can realize by surrendering the contract, nor are they death benefits payable. They are amounts used solely to determine whether the contract is protected against default on a monthly date as described under Limited No-Lapse Guarantee.

These values are used to determine the limited no-lapse guarantee as described under Limited No-Lapse Guarantee. The values on contract anniversaries are shown below. On a date that falls between two anniversaries, the value will fall between the values for those anniversaries considering the time that has passed since the last anniversary.

The Limited No-Lapse Guarantee period is the first [5] contract years.

Contract Anniversary	Limited No-Lapse Guarantee Value
Contract Date	[\$0.00]
[1st]	[\$513.88]
[2nd]	[\$1,043.17]
[3rd]	[\$1,588.34]
[4th]	[\$2,149.87]
[5th]	[\$2,728.24]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk

Contract Year	Maximum Monthly Rate	Contract Year	Maximum Monthly Rate
[1]	[0.09333]	[34]	[1.75917]
[2]	[0.09750]	[35]	[1.91917]
[3]	[0.10333]	[36]	[2.10583]
[4]	[0.11083]	[37]	[2.33250]
[5]	[0.11750]	[38]	[2.59750]
[6]	[0.12667]	[39]	[2.87667]
[7]	[0.13750]	[40]	[3.17667]
[8]	[0.15083]	[41]	[3.50333]
[9]	[0.16667]	[42]	[3.87167]
[10]	[0.18417]	[43]	[4.30000]
[11]	[0.20333]	[44]	[4.79750]
[12]	[0.22250]	[45]	[5.35500]
[13]	[0.23833]	[46]	[5.97667]
[14]	[0.25083]	[47]	[6.65250]
[15]	[0.26667]	[48]	[7.36833]
[16]	[0.28750]	[49]	[8.15000]
[17]	[0.31417]	[50]	[9.01917]
[18]	[0.34667]	[51]	[9.98583]
[19]	[0.38417]	[52]	[11.04917]
[20]	[0.43167]	[53]	[12.19833]
[21]	[0.48500]	[54]	[13.42000]
[22]	[0.54000]	[55]	[14.70167]
[23]	[0.59333]	[56]	[15.97833]
[24]	[0.64667]	[57]	[17.23500]
[25]	[0.70917]	[58]	[18.55167]
[26]	[0.78500]	[59]	[19.94000]
[27]	[0.87750]	[60]	[21.40250]
[28]	[0.98500]	[61]	[22.85083]
[29]	[1.10250]	[62]	[24.26500]
[30]	[1.22500]	[63]	[25.77167]
[31]	[1.35250]	[64]	[27.37833]
[32]	[1.48167]	[65]	[29.09250]
[33]	[1.61667]	[66]	[30.73000]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Contract Year	Maximum Monthly Rate	Contract Year	Maximum Monthly Rate
[67]	[32.18250]	[77]	[52.48583]
[68]	[33.72750]	[78]	[55.23583]
[69]	[35.37000]	[79]	[58.14583]
[70]	[37.10583]	[80]	[61.22083]
[71]	[38.93417]	[81]	[64.46917]
[72]	[40.87500]	[82]	[67.89667]
[73]	[42.93417]	[83]	[71.51083]
[74]	[45.11917]	[84]	[75.31667]
[75]	[47.43500]	[85]	[79.30583]
[76]	[49.88750]	[86]	[83.33333]

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.

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.

Contract Year	Factors	Contract Year	Factors
[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

Contract Year	Factors	Contract Year	Factors
[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]	[1.00]

END OF TABLE(S)

PROCESSING DATE: [XXX XX, XXXX]
POLICY NO. [XX XXX XXX]

**SCHEDULE OF DISABILITY BENEFITS
FOR
RIDER FOR PAYMENT OF INVESTED PREMIUM AMOUNT BENEFIT
UPON INSURED'S TOTAL DISABILITY**

Please refer to the rider provision entitled Total Disability Benefit for a description of this schedule.

Starting on the Contract Date	[\$44.90]
Changing on [DEC 1, 2035] to	[\$41.90]
Ceasing on [DEC 1, 2095].	

SERFF Tracking Number: PRUD-126844986 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 47208
Company Tracking Number: ULNLG-2010 ET AL-JSAR
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ULNLG-2010 ET AL
Project Name/Number: ULNLG-2010 ET AL/

Attachment:

ULProc10_MonthlyPer1000_Final.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attached is our Statement of Variability

Attachment:

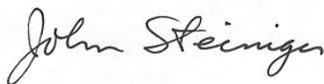
Statement of Variability for ULNLG-2010 Filing - 10-18-2010.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Pruco Life Insurance Company

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

Form Number	Score
ULNLG-2010	59.6
PLI 528-2010	44.1
VL 100 B4-2010	44.7



Name: John Steiniger
Title: Assistant Vice President
Date Nov 03, 2010

**Certificate of Compliance with
Rule and Regulation 34,
& Bulletin 11-83**

Insurer: Pruco Life Insurance Company

Form ULNLG-2010, PLI 528-2010 & VL 100 B4-2010

Number(s):

I hereby certify that the filing(s) above meet all applicable Arkansas requirements including the requirements in Regulation 34, and Bulletin 11-83, if rates are changed.

John Steiniger

Signature of Company Officer

John Steiniger

Name

Assistant Vice President

Title

11/03/2010

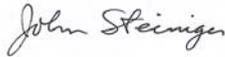
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Pruco Life Insurance Company

Form Number(s): ULNLG-2010, PLI 528-2010 & VL 100 B4-2010

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



Signature of Company Officer

John Steiniger

Name

Assistant Vice President

Title

11/03/2010

Date



PART 1

- Pruco Life Insurance Company
 - The Prudential Insurance Company of America
- Both are Prudential Financial companies.*
Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN): _____

A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION D IS COMPLETED)

1. Name: _____
2. Previous name (if changed in the last 5 yrs.): _____
3. Social Security number: _____ 4. State of birth (Country if not U.S.): _____
5. Gender: Female Male 6. Date of birth: ____ / ____ / ____ 7. Date policy to Save Age? Yes No
8. Are you a permanent, legal US resident? Yes No
If No, provide country of legal residence, type and number of visa, expiration date and length of US residence : _____
9. Driver's license issuing state: _____ Number: _____ Expiration date: _____
If None, why not? : _____
10. Residence address (No PO boxes): Street _____ Apt _____
City _____ State _____ ZIP _____
11. e-mail address: _____
12. Home telephone number: _____ Business telephone number (ext.): _____
13. Current employer name: _____
Business address: Street _____ Suite _____
City _____ State _____ ZIP _____
14. Occupation: _____
Duties: _____
15. Earned annual income \$ _____ Unearned annual income \$ _____ Net worth \$ _____

B. PLAN OF INSURANCE

1. Amount of insurance applied for: \$ _____ **[If \$5,000,000 or more, complete *Financial Supplement*.]**
2. Product applied for: Term Essential®: 10 15 20 30 PruLife® Universal Life Plus (UL Plus)]
 Term Elite®: 10 15 20 PruLife® Universal Life Protector (UL Protector)]
 ROP Term: 15 20 30 VUL ProtectorSM (VULP) **Complete the *Variable Supplement*.]**
 PruLife® Custom Premier II (VUL II)] Other: _____
[Complete the *Variable Supplement*.]
3. For **[UL Plus, UL Protector, VULP and VUL II:]** Death Benefit type:
 Type A (Level) Type B (Variable) Type C (Return of Premium) – **Not available for UL or VUL Protector.** – Interest rate: _____ %]
4. For **[UL Plus, VULP and VUL II:]** Definition of life insurance:
 Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)]
5. Requested Optional Benefits (Not all benefits are available for all products.):
 Waiver of Premium/Enhanced Disability Benefit Overloan Protection Rider]
 Acceleration of Death Benefit (Living Needs Benefit) Child Rider **Complete *Child Rider Supplement*.]**
 Accidental Death Benefit: Amount \$ _____ Automatic Premium Loan]
 Other Riders/Benefits (indicate amount where applicable): _____ Enhanced Cash Value Rider]

C. PREMIUM

1. Send notices (check one): Policyowner Other recipient: _____
Send notices (check one): Policyowner's residence Other address:
Street _____ Apt _____
City _____ State _____ ZIP _____
2. Premium payment mode: Annual Semiannual Quarterly Monthly – Electronic Funds Transfer]
3. **[For non-term plans,] billed premium: \$ _____**

D. OWNER (COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED)

[For multiple owners, details are to be listed in Special Requests, section H.]

1. Name of owner: _____
2. Social Security/Tax identification number (SSN/TIN): _____
3. Residence address (No PO boxes): Street _____ Apt _____
 City _____ State _____ ZIP _____
4. Owner's email address: _____
- 5a. For trust owner: **[Complete the *Trustee Statement and Agreement (COMB 86044)*.]**
 Trust date: ____ / ____ / ____
 Trustee(s) _____
 Type: Revocable Irrevocable Qualified Retirement Plan Trust Welfare Benefit Trust
- 5b. For business owner: **[Complete the *Business Supplement*.]**
 Form: Corporation Partnership Sole proprietorship Other: _____
 S Corporation LLC Tax exempt
- 5c. For personal owner:
 Total insurance program: Currently in-force: \$ _____ Pending applications: \$ _____
 Relationship to Proposed Insured: _____ Date of birth: ____ / ____ / ____
 Earned annual income: \$ _____ Unearned annual income: \$ _____ Net worth: \$ _____

E. BENEFICIARY DETAILS

[If insurance is for business purposes, also complete the Business Insurance Supplement. If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.]

Name: First	Middle	Last	Relationship to Proposed Insured	Age	Beneficiary Class	
					Primary	Secondary/Contingent
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

F. INSURANCE HISTORY

1. Do you have any existing life insurance or annuities? Yes No
 Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
2. Will this insurance replace* any existing insurance or annuity? Yes No
3. List the following details for all existing coverage. (List only annuities to be replaced*, list all in force life insurance):

Insurance Company	Face Amount	Type	Product	To Be Replaced?* 1035 Exchange?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

4. Are you applying for or reinstating life insurance with any company? Yes No
If Yes, give company name, amount applied for and total amount to be placed, including this application :

5. Have you had life or health insurance declined, postponed, rated or issued with an increased premium? Yes No
If Yes, give company name, type of insurance, date, action taken and reason for action :

PART 2

A. PERSONAL PHYSICIAN INFORMATION

Name _____
Address: Street _____ Suite _____
City _____ State _____ ZIP _____
Telephone number: (____) _____ Date last seen: _____
Reason last seen: _____

If more than one personal physician, provide details in section D number 6.

B. PHYSICAL MEASUREMENTS

1. Height: _____ feet _____ inches Weight: _____ pounds
2. Within the last 12 months, have you had a change of weight (gain or loss) of more than 10 pounds? Yes No
If Yes, provide details: _____

C. FAMILY HISTORY

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70? Yes No
If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):

2. **Father:** Current age _____ or Age at death: _____ **Mother:** Current age _____ or Age at death: _____

D. MEDICAL INFORMATION

1. Has a member of the medical profession ever treated you for or diagnosed you with:
a. high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels? Yes No
b. anemia or other abnormality of the blood (other than HIV)? Yes No
c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease? Yes No
d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder? Yes No
e. anxiety, depression, or any other mental or psychiatric illness? Yes No
f. an infection caused by the Human Immunodeficiency Virus (HIV) [(Not applicable in CA. In WI: 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.),] Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease? Yes No
g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system? Yes No
h. a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system? Yes No
i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines? Yes No
j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate? Yes No
k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones? Yes No
l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system? Yes No
2. Have you ever used:
a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance? Yes No
b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician? Yes No
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage? Yes No
4. Other than what has already been disclosed, within the past 5 years, have you:
a. requested or received disability or compensation benefits? Yes No
b. been a patient in a hospital or other medical facility, other than for normal childbirth? Yes No
c. had any other disease, disorder or condition? Yes No
d. been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)? Yes No
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed? Yes No

AGREEMENTS

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following:

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Living Needs Benefit brochure.
- My original signature has been affixed to this application, the original will be retained by the Company named at the beginning of this application ("Company"). The copies attached to the policy issued to me are identical in form and substance.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
 - A payment equal to the full first required premium is received by the Company within the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (i) a check in the amount of the full first required premium; (ii) a completed and signed payment form for the first full premium; or (iii) any other form of payment acceptable to the Company.
 - The form of payment submitted is honored. If payment is made by credit/debit card, wire transfer or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
 - A signed copy of this Application is received by the Company.
 - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

FRAUD WARNING

[(Not applicable in **AZ.**)] Any person who knowingly:

- **[AR, HI, LA, NM, TN, VA and WA:]** 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 be subject to fines, denial of insurance benefits, or confinement in prison.
- **[CO:]** 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. 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.
- **DC and RI:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **OH:** and with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **PA:** and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]
- **[All other states:]** 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.

SIGNATURES

[Check applicable boxes:

<p>IRS Certification: Under penalties of perjury, the policyowner certifies that:</p> <input type="checkbox"/> The number shown on the application is my correct Social Security/Tax ID number. <input type="checkbox"/> I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. <input type="checkbox"/> I am a U.S. person (including a U.S. resident alien). <i>If not a U.S. person (including U.S. resident alien), submit the applicable Form W-8(BEN, ECI, EXP or IMY). In most cases, Form W-8BEN will be the appropriate form.</i>

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]

Signed at (STATE) _____ on (DATE) _____

→ Signature of proposed insured **X** _____

If policyowner is different from the proposed insured:

→ For a personal policyowner(s): Signature(s) of policyowner(s) **X** _____

For an entity policyowner(s) (i.e., trust, business):

Name of entity _____

→ Signature of officer/trustee(s) **X** _____

Title of officer/trustee(s) _____

→ Signature of producer **X** _____

Actuarial Memorandum

Flexible Premium Universal Life Insurance Policy Form # ULNLG-2010 with Rider to Provide Lapse Protection Form #PLI 528-2010

Subject: ULNLG-2010 Reserve Valuation

The base policy statutory reserve for this flexible premium UL 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
October 15, 2010

Memorandum of Variable Material

Pruco Life Insurance Company
ULNLG-2010 Individual Universal Life Policy
PLI 528-2010 Rider to Provide Lapse Protection
VL 100 B4-2010 Rider for Payment of Invested Premium Amount Benefit Upon Insured's Total Disability
October 18, 2010

I. Variable and illustrative material in policy form ULNLG-2010 has been bracketed.

1	Insured's Information	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 90.												
2	Rating Class	The Rating Class for the specimen policy is Nonsmoker. The Rating Class is determined in our underwriting for each policy. The other current rating class names include Preferred Best, Preferred Non-Tobacco, Nonsmoker Plus, Preferred Smoker, or Smoker.												
3	Basic Contract Information	The Policy Number will be uniquely assigned and vary for all contracts issued. The Contract Date can vary for each contract issued.												
4	Processing Date	The Processing Date can also vary for each contract issued, and would be updated for any contract data pages printed in post-issue processing.												
5	Basic Contract Information	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	The Type of Death Benefit for the specimen policy is Type A. The Type of Death Benefit could vary if the policyowner selects Type B. The Type of Death Benefit will be selected by the policyowner as indicated on the application for life insurance.												
7	Life Insurance on the Insured	The Basic Insurance Amount for the specimen policy is \$50,000. This amount can vary based on the amount selected by the owner. The minimum Basic Insurance Amount for this policy is \$50,000. The maximum Basic Insurance Amount can vary based on the Company retention limit and any reinsurance.												
8	Minimum Initial Premium	The minimum initial premium due on the Contract Date for the specimen policy is \$41.09. This amount can vary based on the insured's age, sex and rating class, and the Basic Insurance Amount.												
9	Contract Limitations	<p>The minimum Basic Insurance Amount for the specimen policy is \$50,000.00. The rules for varying this amount are based on issue age and rating class as shown in the following chart:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Basic Insurance Amount</th> <th style="text-align: left;">Minimum</th> </tr> </thead> <tbody> <tr> <td>Issue Ages 0-75</td> <td>\$50,000</td> </tr> <tr> <td>Issue Ages 76-80</td> <td>\$100,000</td> </tr> <tr> <td>Issue Ages 81-90</td> <td>\$200,000</td> </tr> <tr> <td>with Preferred Rates Issue Ages 18 -80</td> <td>\$100,000</td> </tr> <tr> <td>with Preferred Rates Issue Ages 81 -90</td> <td>\$200,000</td> </tr> </tbody> </table>	Basic Insurance Amount	Minimum	Issue Ages 0-75	\$50,000	Issue Ages 76-80	\$100,000	Issue Ages 81-90	\$200,000	with Preferred Rates Issue Ages 18 -80	\$100,000	with Preferred Rates Issue Ages 81 -90	\$200,000
Basic Insurance Amount	Minimum													
Issue Ages 0-75	\$50,000													
Issue Ages 76-80	\$100,000													
Issue Ages 81-90	\$200,000													
with Preferred Rates Issue Ages 18 -80	\$100,000													
with Preferred Rates Issue Ages 81 -90	\$200,000													
10	Adjustments to the Contract Fund	For the specimen policy, the monthly charge for administrative expenses is up to \$0.29 per \$1,000 of the Basic Insurance Amount plus \$20.00. For other policies, the monthly charge for administrative expenses can vary based on the insured's sex, issue age and rating class, and the Basic Insurance Amount.												

Memorandum of Variable Material

11	Schedule of Maximum Surrender Charges	The Schedule of Maximum Surrender Charges for the specimen policy is for a male age 35 Nonsmoker rating class for a Basic Insurance Amount of \$50,000. For other policies, the Schedule of Maximum Surrender Charges can vary based on the insured's sex, issue age and rating class, and the Basic Insurance Amount.
12	Table of Limited No-Lapse Guarantee Values	The Table of Limited No-Lapse Guarantee Values for the specimen policy is for a male, age 35, Nonsmoker for a Basic Insurance Amount of \$50,000. For other policies, this can vary based on the insured's sex, issue age, rating class, and Basic Insurance Amount. The Limited No-Lapse Guarantee period for the policy is 5 years.
13	Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk	The Table of Maximum Monthly Insurance Rates for the specimen policy is for a male age 35 Nonsmoker rating class. For other policies, the Table of Maximum Monthly Insurance Rates can vary based on the insured's sex, issue age and rating class.
14	Table of Attained Age Factors	The Table of Attained Age Factors for the specimen policy is for a male age 35 Nonsmoker rating class. For other policies, the Table of Attained Age Factors can vary based on the insured's sex, attained age and rating class.

II. Variable and illustrative material in rider form PLI 528-2010 has been bracketeted.

1	No-Lapse Adjustments to the No-Lapse Contract Fund	The monthly charges for administrative expenses can vary based on the insured's sex, issue age and rating class. For the specimen rider, the monthly charge for administrative expenses is \$0.29 per \$1,000 of the Basic Insurance Amount plus \$10.00.
2	Schedule of No-Lapse Premiums	<p><u>A. Single Premium No-Lapse Premium</u></p> <p>The single premium no-lapse premium will be calculated and displayed in the following statement on the rider data pages:</p> <p style="padding-left: 40px;">“The single premium no-lapse premium due on the contract date is \$[xxx.xx].”</p> <p style="padding-left: 40px;">where \$[xxx.xx] is \$8,691 for a male age 35 Nonsmoker policy</p> <p>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:</p> <p style="padding-left: 40px;">“The single premium no-lapse premium is unavailable at this contract's issue age and rating class.”</p> <p><u>B. Modal Premium No-Lapse Premium</u></p> <p>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:</p> <p style="padding-left: 40px;">“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.”</p> <p style="padding-left: 40px;">where \$[xxx.xx] is \$492 for annual mode for a male age 35 Nonsmoker policy.</p> <p>This statement would not emit for monthly mode if the monthly no-lapse</p>

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		<p>premium was less than the Minimum Initial Premium.</p> <p>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 :</p> <p style="text-align: center;">“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.”</p> <p>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 :</p> <p style="text-align: center;">“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.”</p>
3	Table of No-Lapse Monthly Insurance Rates	The Table of No-Lapse Monthly Insurance Rates can vary based on the insured’s sex, issue age, and rating class. 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.
4	No-Lapse Charge for Sales Expenses Rate Table	The Premium 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 Basic Insurance Amount effective on the contract date. The Premium Allocation Amount for the specimen rider is for a male, age 35, Nonsmoker for the Basic Insurance Amount effective on the contract date.
5	Table of Maximum No-Lapse Default Charges	The Table of Maximum No-Lapse Default Charges can vary based on the insured’s sex, issue age, and rating class. The No-Lapse Default Charges are not applicable for the first five contract years during the Limited No-Lapse Guarantee period. 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.

III. Variable and illustrative material in rider form VL 100 B4-2010 has been bracketed.

1	Other Benefit(s) on the Insured	If requested by the policy owner, the Rider for Payment of Invested Premium Amount Benefit Upon Insured’s Total Disability will be attached to the policy. The rider form will be shown in the policy data pages under Other Benefit(s) on the Insured.
2	Adjustments to the Contract Fund	The maximum monthly charge for the rider will be shown in the policy data pages under Adjustments to the Contract Fund. The charge for this rider will be payable to age 60. The charge is not deducted during periods of disability. The monthly charge for the rider is expressed as a percentage of the monthly benefit; the percentage varies by sex, rating class and issue age.
3	Schedule of Disability Benefits	The Schedule of Disability Benefits is shown in the rider data pages. The benefit is available at issue ages 0 through 59 and expires at attained age 60. The monthly benefit is the greater of the monthly charges and a stipulated amount.