

SERFF Tracking Number: PRUD-126505768 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
Company Tracking Number: P-SPHAPP(5/10)
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: P-SPHAPP(5/10)
Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: P-SPHAPP(5/10)

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: PRUD-126505768 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44935

Co Tr Num: P-SPHAPP(5/10)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: John Witteman, Anthony
Pereira, Carolyn Cargnel, Pamela
Bonaparte-Golding, Corey
Geissman

Disposition Date: 02/23/2010

Date Submitted: 02/22/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: P-SPHAPP(5/10)

Project Number: P-SPHAPP(5/10)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/23/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/23/2010

Created By: Pamela Bonaparte-Golding

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pamela Bonaparte-Golding

Filing Description:

VIA SERFF

February 17, 2010

Honorable Jay Bradford, Insurance Commissioner
Life and Health Division

SERFF Tracking Number: PRUD-126505768 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
Company Tracking Number: P-SPHAPP(5/10)
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: P-SPHAPP(5/10)
Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Arkansas Insurance Department
200 West Third Street
Little Rock, AR 72201

Attn Claudia Meeks, Rates and Form Filings

RE: Pruco Life Insurance Company ("Pruco," "we," "us")
NAIC #79227 FEIN # 22-1944557

Forms Submitted for Approval:
P-SPHAPP(5/10): Application

Dear Ms. Meeks:

Pruco respectfully submits the referenced Application Form for your approval. Form P-SPHAPP(5/10) is for use with contract MVA-2002, approved by your Department on May 19, 2009.

Any brackets in the submitted form indicate that we reserve the right to change the information shown within brackets, without re-filing with your Department, based on new business requirements. A Statement of Variable Material is included with this filing to describe how variable information may change.

Any certifications or other materials Pruco believes you require are also enclosed. Pruco believes that federal law exempts these forms from any "Flesch score" or readability requirements in your statutes or regulations. Unless otherwise informed, Pruco reserves the right to alter the pagination, layout, including sequential order, color, and typeface of these forms. Pruco confirms any such change will be in conformance with your State's filing requirements.

Please contact the undersigned as indicated below if you have any questions or require additional information.

Sincerely,

Pamela Bonaparte-Golding
Contract Specialist
Tel: (800) 628-6039, Ext. 47544
E-mail: Pamela.Bonaparte-Golding@Prudential.com
Fax: (203) 944-7737

Enclosures

SERFF Tracking Number: PRUD-126505768 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
 Company Tracking Number: P-SPHAPP(5/10)
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: P-SPHAPP(5/10)
 Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Company and Contact

Filing Contact Information

Anthony Pereira, Senior Compliance Analyst Anthony.Pereira@Prudential.com
 One Corporate Drive 800-628-6039 [Phone] 57146 [Ext]
 P.O. Box 883 203-944-7510 [FAX]
 Shelton, CT 06484

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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$50.00	02/22/2010	34342835

SERFF Tracking Number: PRUD-126505768 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
Company Tracking Number: P-SPHAPP(5/10)
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: P-SPHAPP(5/10)
Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/23/2010	02/23/2010

SERFF Tracking Number: PRUD-126505768 *State:* Arkansas
Filing Company: Pruco Life Insurance Company *State Tracking Number:* 44935
Company Tracking Number: P-SPHAPP(5/10)
TOI: A10 Annuities - Other *Sub-TOI:* A10.000 Annuities - Other
Product Name: P-SPHAPP(5/10)
Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Disposition

Disposition Date: 02/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRUD-126505768 *State:* Arkansas
Filing Company: Pruco Life Insurance Company *State Tracking Number:* 44935
Company Tracking Number: P-SPHAPP(5/10)
TOI: A10 Annuities - Other *Sub-TOI:* A10.000 Annuities - Other
Product Name: P-SPHAPP(5/10)
Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Strategic Partners Horizon Annuity Application		Yes

SERFF Tracking Number: PRUD-126505768 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
 Company Tracking Number: P-SPHAPP(5/10)
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: P-SPHAPP(5/10)
 Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Form Schedule

Lead Form Number: P-SPHAPP(5/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	P-SPHAPP(5/10)	Application/ Strategic Partners Enrollment Horizon Annuity Form Application	Initial		0.000	P-SPHAPP(5-10) Brackets.pdf



Prudential

E. CO-ANNUITANT - Not available for entity-owned Annuities unless subject to 72(u). Not available for Qualified Annuities except Custodial accounts.

Name (First, Middle, Last) _____ Birth Date (Mo / Day / Yr) _____ SSN / TIN _____ Male Female

Street Address _____ City _____ State _____ ZIP _____

U.S. Citizen Resident Alien/Citizen of: _____

Non-Resident Alien/Citizen of: _____ (Submit IRS Form W-8 (BEN, ECI, EXP or IMY))

SECTION 2 ■ BENEFICIARY INFORMATION

• For Custodial IRA and Custodial Roth IRA contracts, the Custodian must be listed as the Beneficiary.

Indicate classifications of each Beneficiary. Percentage of benefit for all Primary Beneficiaries must total 100%. Percentage of benefit for all Contingent Beneficiaries must total 100%. If the Joint Owners have been chosen as each other's Primary Beneficiary, then only Contingent Beneficiaries may be designated below.

Name (First, Middle, Last) _____ Birth Date (Mo / Day / Yr) _____

Primary Relationship _____ SSN/TIN _____ Percentage _____ %

Contingent _____ %

Name (First, Middle, Last) _____ Birth Date (Mo / Day / Yr) _____

Primary Relationship _____ SSN/TIN _____ Percentage _____ %

Contingent _____ %

Name (First, Middle, Last) _____ Birth Date (Mo / Day / Yr) _____

Primary Relationship _____ SSN/TIN _____ Percentage _____ %

Contingent _____ %

SECTION 3 ■ ANNUITY INFORMATION

A. EXISTING ANNUITY OR LIFE INSURANCE COVERAGE

1. Do you have any existing Annuity or Life Insurance Contracts? Yes No
If yes, a State Replacement Form is required for NAIC model regulation states.
2. Will the Annuity being applied for replace (in whole or in part) one or more existing Annuity or Life Insurance Contracts? Yes No If yes, complete the following and submit a State Replacement Form, if required.

Company Name _____ Policy or Annuity Number _____ Year Issued _____

Use Section 7 of this Application to specify additional coverage.

B. TYPE OF CONTRACT BEING REQUESTED

- Non-Qualified Custodial IRA
- IRA Custodial Roth IRA



SECTION 3 ■ ANNUITY INFORMATION (continued)

C. PURCHASE PAYMENTS

Make all checks payable to Pruco Life Insurance Company. Purchase Payment amounts may be restricted by Pruco Life; please see your prospectus for details.

QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial estimated payment(s).

- Transfer \$ _____
- Rollover \$ _____
- Direct Rollover \$ _____
- IRA / Roth IRA
Contribution \$ _____ for tax year _____

If no year is indicated, contribution defaults to current tax year.

NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial estimated payment(s).

- 1035 Exchange \$ _____
- Amount Enclosed \$ _____
- CD Transfer or
Mutual Fund Redemption . . . \$ _____

SECTION 4 ■ GUARANTEE PERIOD

Please choose only one:

- 3-Year Guarantee Period
- 5-Year Guarantee Period
- 7-Year Guarantee Period
- 10-Year Guarantee Period

SECTION 5 ■ E-DOCUMENTS

By checking, providing my e-mail address below and signing Section 9, I consent to accept documents electronically for my variable annuity. E-mail notifications will be provided indicating that documents are available and will include instructions on how to quickly and easily access them on-line.

I understand that I will receive documents including but not limited to: statements, confirmations and prospectuses electronically, if available, until I notify Prudential that I am revoking my consent at which time I will begin receiving paper documents by mail. I also understand there are no fees charged by Prudential for the e-Documents service or for paper documents. See your Internet Service Provider for any other access fees that may apply.

E-mail Address _____

SECTION 6 ■ FINANCIAL PROFESSIONAL AUTHORIZATION

If not checked we will assume that your answer is "YES" (except in Utah and Nevada, where we will assume your answer is "NO") to Perform Contract Maintenance. For definitions, see Definitions and Disclosures.

DO YOU AUTHORIZE your Financial Professional to Perform Contract Maintenance? Yes No

SECTION 7 ■ ADDITIONAL INFORMATION

If needed for: • Special Instructions • Beneficiaries • Annuity Replacement • Entity Authorized Individuals



SECTION 8 ■ NOTICES & DISCLAIMERS

ARIZONA: Upon written request an insurer is required to provide, within a reasonable time, factual information regarding the benefits and provisions of the annuity contract to the contract owner.

If for any reason you are not satisfied with this contract, you may return it to us within 10 days (or 30 days for applicants 65 or older) of the date you receive it. All you have to do is take it or mail it to one of our offices or to the representative who sold it to you, and it will be canceled from the beginning. If this is not a variable contract, any monies paid will be returned promptly. If this is a variable contract, any monies paid will be returned promptly after being adjusted according to state law.

CALIFORNIA: If any Participant(s)/Owner(s) (or Annuitant for entity-owned contracts) is age 60 or older, you are required to complete the "Important Information for Annuities Issued or Delivered in California" form.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA: North Carolina residents must respond to this question:

1. Did you receive a prospectus for this annuity?
 Yes No
2. Do you believe the annuity meets your financial objectives and anticipated future financial needs?
 Yes No

OHIO: Any person who, 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.

OKLAHOMA: WARNING — Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

PENNSYLVANIA: Any person who knowingly 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.

TENNESSEE, VIRGINIA, and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ALL OTHER STATES: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



SECTION 9 ■ OWNER ACKNOWLEDGEMENTS AND SIGNATURE(S)

By checking this box and signing below, I consent to receiving the prospectus for this variable annuity on the compact disc (the "CD Prospectus") contained within the sales kit for this annuity. I acknowledge that I (i) have access to a personal computer or similar device (ii) have the ability to read the CD Prospectus using that technology and (iii) am willing to incur whatever costs are associated with using and maintaining that technology. With regard to prospectus supplements and other amended/updated prospectuses created in the future, I understand that such documents may be delivered to me in paper form.

- If applying for an IRA or Roth IRA, I acknowledge receiving an IRA disclosure statement and understand that I will be given a financial disclosure statement with the contract. I understand that tax deferral is provided by the IRA, and acknowledge that I am purchasing this contract for its features other than tax deferral, including the lifetime income payout option, the Death Benefit protection, and other features as described in the prospectus.

- Minimum Distribution Under an IRA: If you have NOT met the required minimum distribution for the year in which the funds are paid to Prudential (Not applicable to IRA Transfers):

I understand it is my responsibility to remove the minimum distribution from the purchase payment prior to sending money to Prudential with this application. Unless we are notified otherwise, Prudential will assume that the owner has satisfied the required minimum distributions from other IRA funds.

- I understand that if I have purchased another Non-Qualified Annuity from Pruco Life or an affiliated company this calendar year that they will be considered as one annuity for tax purposes. If I take a distribution from any of these contracts, the taxable amount of the distribution will be reported to me and the IRS based on the earnings in all such contracts purchased during this calendar year; and

- This annuity is suitable for my investment time horizon, goals and objectives and financial situation and needs; and

- I represent to the best of my knowledge and belief that the statements made in this application are true and complete.

- I acknowledge that I have received a current prospectus for this annuity.

- I understand that the purchase payment will be subject to a Market Value Adjustment if there is a withdrawal, annuitization, or settlement on any date other than within the 30 day period immediately preceding the end of the guarantee period. A Market Value Adjustment can be a positive or negative adjustment. There is no Market Value Adjustment at death.

Note: For Trusts, Corporations or other Entity-owned Applications: This application must be accompanied by a completed Certificate of Entity Ownership Form.

REQUIRED ▶

State where signed _____

(If application is signed in a State other than the Owner's State of Residence, a Contract Situs Form may be required.)



SECTION 9 ■ OWNER ACKNOWLEDGEMENTS AND SIGNATURE(S) (continued)

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Under penalty of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that the citizenship/residency status I have listed on this form is my correct citizenship/residency status.

I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

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

SIGN HERE ▶

Owner

Date

Month / Day / Year

TITLE (If Any) ▶

If signing on behalf of an entity, you must indicate your official title / position with the entity; if signing as a Trustee for a Trust, please provide the Trustee designation.

SIGN HERE ▶

Joint Owner

Date

(if applicable)

Month / Day / Year

SIGN HERE ▶

Annuitant

Date

(if applicable)

Month / Day / Year

SIGN HERE ▶

Co-Annuitant

Date

(if applicable)

Month / Day / Year

SECTION 10 ■ FINANCIAL PROFESSIONAL ACKNOWLEDGEMENTS AND SIGNATURE(S)

A. FINANCIAL PROFESSIONAL

Name (First, Middle, Last)

_____ %

ID Number

Telephone Number

E-mail

Name (First, Middle, Last)

_____ %

ID Number

Telephone Number

E-mail

B. BROKER/DEALER

Name



SECTION 10 ■ FINANCIAL PROFESSIONAL ACKNOWLEDGEMENTS AND SIGNATURE(S) (continued)

C. REQUIRED QUESTIONS

Do you have any reason to believe that this applicant has any existing annuity or life insurance coverage?

Yes No

Do you have any reason to believe that the annuity applied for is to replace existing annuity or life insurance contracts?

If yes, submit a State Replacement Form, if required.

Yes No

FINANCIAL PROFESSIONAL STATEMENT

I am authorized and/or appointed to sell this annuity. I have fully discussed and explained the annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current Pruco Life approved sales material.

I certify that I have truly and accurately recorded on this application the information provided by the applicant. I acknowledge that Pruco Life will rely on this statement.

SIGN HERE ➔

Financial Professional Signature

Date

Month / Day / Year

SIGN HERE ➔

Financial Professional Signature

Date

Month / Day / Year

SERFF Tracking Number: PRUD-126505768 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 44935
 Company Tracking Number: P-SPHAPP(5/10)
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: P-SPHAPP(5/10)
 Project Name/Number: P-SPHAPP(5/10)/P-SPHAPP(5/10)

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Pruco believes that federal law exempts these forms from any "Flesch score" or readability requirements in your statutes or regulations.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A - as this is an application filing not a policy filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: P-SPHAPP_5-10_ Memo of Variability.pdf		

PRUCO LIFE INSURANCE COMPANY

**MEMORANDUM OF VARIABLE MATERIAL FOR
ANNUITY APPLICATION FORM: P-SPHAPP(5/10)**

For Use With Contract MVA-2002 (or State Variation thereof)

Brackets in the referenced Application form designate any information that may change or may vary for new issues. For any designated class of annuity purchaser the information shown within brackets in the referenced application form will not be applied or changed in a discriminatory manner.

ADMINISTRATIVE SECTIONS: We view any information indicated in the lower left hand corner of the Application form below the Application form number, or in the lower right corner to be administrative in nature and not made part of the Application. Any information we place in this location is subject to change based on business needs. Such administrative information assists us in identifying or tracking certain information.

BAR CODING: We reserve the right to include bar codes to assist us with tracking and/or identifying application information.

FORMATTING: We reserve the right to make formatting changes based on any revisions to the Application form. Such changes include, but are not limited to, changes in layout, typeface, color, sequential order, and pagination.

ANNUITY SERVICE CENTER ADDRESSES: The current address, telephone number, web site, etc. are as indicated in the Application. These are subject to change over time.

SECTION 8 NOTICES & DISCLAIMERS: This section may change based on any regulatory requirements. In addition, we reserve the right to delete any information shown in this section and to move the information to other forms, as permitted.

SECTION 9 OWNER ACKNOWLEDGEMENTS AND SIGNATURES: This section regarding the "CD Prospectus" will appear as is on the application if we make the Prospectus available on CD or will be removed if we do not make the Prospectus available on CD.