

SERFF Tracking Number: PRUD-127694713 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: P-SIMAPP(10/11)

SERFF Tr Num: PRUD-127694713 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-
Variable and Variable

SERFF Status: Closed-Approved- State Tr Num: 49995
Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: P-SIMAPP(10/11)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Elaine Tweedus, John
Witteman, Anthony Pereira, Carolyn

Disposition Date: 10/14/2011

Cargnel, Pamela Bonaparte-
Golding, Starr Merritt, Mila Shafir

Date Submitted: 10/10/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: P-SIMAPP(10/11)

Status of Filing in Domicile: Pending

Project Number: P-SIMAPP(10/11)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/14/2011

State Status Changed: 10/14/2011

Deemer Date:

Created By: Pamela Bonaparte-Golding

Submitted By: Pamela Bonaparte-Golding

Corresponding Filing Tracking Number:

Filing Description:

VIA SERFF

October 10, 2011

Honorable Jay Bradford, Insurance Commissioner

Life and Health Division

SERFF Tracking Number: PRUD-127694713 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

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

Attn Linda Bird, Rates and Form Filings

Re: Pruco Life Insurance Company ("Pruco," "we," "us")
NAIC No. 304-79227 FEIN No. 22-1944557

FormsSubmitted for Approval:
P-SIMAPP(10/11): Application Form

Dear Ms. Linda Bird:

Application form P-SIMAPP(10/11) is submitted for your review and approval. The application form is new and does not replace any previously approved or acknowledged application form. It is our belief that this filing does not contain any unusual or controversial items that deviate from standard industry practice. The submitted application form is designed to facilitate electronic order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels and captive Prudential agents. For business that is not conducted via an electronic order entry system, other previously approved application forms will continue to be used.

The application will be generated based on customer specific information provided by the applicant during an interview process. The financial professional will input the name, address, country of citizenship, SSN/TIN, birth date, telephone number, gender and beneficiary information of the owner and annuitant into an order entry system. The applicant will also advise the financial professional of the optional features, benefits and investment allocations they elect. The financial professional will input the options elected by the applicant into the order entry system. The financial professional will then print a hardcopy of the completed application for signatures ("wet" signature) by the applicant and financial professional. With respect to optional features, benefits and investment allocations, only those elected by the applicant will be populated on the completed application. Initially, we will only accept this application with wet signatures. In the future, we may wish to begin accepting this application with electronic signatures applied by any electronic method in compliance with the guidelines of the Uniform Electronic Transactions Act and/or any applicable state law. We have included a "John Doe" version of the application for your information.

The submitted application will be used to apply for the following previously approved contracts listed below or for any contract subsequently approved by the Department with which its use is appropriate:

Form Number SERFF Tracking Number Approval Date

SERFF Tracking Number: PRUD-127694713 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)
P-BLX/IND(2/10) PRUD-126355908 November 3, 2009
P-CR/IND(2/10) PRUD-126355908 November 3, 2009
P-O/IND(5/11) PRUD-126904786 January 14, 2011

The annuity form submitted is designed for use for qualified and non-qualified sales, as defined in the Internal Revenue Code. Should this application be used with certain qualified sales described under the Internal Revenue Code, the appropriate endorsement, approved or accepted by your Department, will be provided to the annuity holder and will be made part of the annuity to satisfy any federal qualified usage requirements.

Arkansas Insurance Department
October 10, 2011
Page 2

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 me as indicated below if you have any questions or require additional information.

Sincerely,

Pamela Bonaparte-Golding
Contract Specialist
Phone: (203) 944-7544, Fax: (203) 944-7737
Email: pamela.bonaparte-golding@prudential.com

Enclosures

Company and Contact

SERFF Tracking Number: PRUD-127694713 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
 Company Tracking Number: P-SIMAPP(10/11)
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: P-SIMAPP(10/11)
 Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

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: \$5.00
 Retaliatory? No
 Fee Explanation: \$5.00 per form x 1 = \$5.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$5.00	10/10/2011	52653049
Pruco Life Insurance Company	\$45.00	10/10/2011	52654049

SERFF Tracking Number: PRUD-127694713 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/14/2011	10/14/2011

SERFF Tracking Number: PRUD-127694713 *State:* Arkansas
Filing Company: Pruco Life Insurance Company *State Tracking Number:* 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

Disposition

Disposition Date: 10/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



Pruco Life Insurance Company, Phoenix, AZ

[Regular Mail Delivery: P.O. Box 7960, Philadelphia, PA 19176
Overnight Service, Certified or Registered Mail Delivery: 2101 Welsh Rd, Dresher, PA 19025
1-800-513-0805, Fax: 1-800-576-1217
www.prudentialannuities.com]

Please verify that the information is correct and *carefully read* and sign where indicated.

CONTRACT INFORMATION

Product Name:
Contract Payment Type:

Type of Contract:
Amount:

Owner Type:

Contribution Year:

Owner Information

[Name:
Address:

Annuitant Information

[Name:
Address:

Citizenship:
SSN/TIN:
Birth Date:
Telephone Number:
Gender:]

Citizenship:
SSN:
Birth Date:
Gender:]

[Co-Owner Information

Name:
Address:

Citizenship:
SSN:
Birth Date:
Gender:
Relationship to Owner:]

Beneficiary Information

<u>Name</u>	<u>Primary / Contingent</u>	<u>Percentage</u>	<u>Birth Date</u>	<u>[Gender]</u>	<u>Relationship</u>	<u>SSN / TIN</u>
-------------	---------------------------------	-------------------	-------------------	-----------------	---------------------	------------------

[Brokerage Identification Number:]

Existing Annuity or Life Insurance Coverage

Do you have any existing Annuity or Life Insurance contracts?

Yes No

Will the Annuity being applied for replace (in whole or in part) one or more existing Annuity or Life Insurance Contracts?

Yes No

Company Name:

Policy or Annuity Number:

Year Issued:

Company Name:

Policy or Annuity Number:

Year Issued:

Optional Benefits

[Highest Daily Lifetime Income

Spousal Highest Daily Lifetime Income

Highest Daily Lifetime Income with Lifetime Income Accelerator

Combination 5% Roll-up and Highest Anniversary Value

Highest Anniversary Value]

Dollar Cost Averaging Program

6-month DCA _____%

12-month DCA _____%]

Automatic Rebalancing

Day of the Month (1st-28th) [_____]

Frequency: [Monthly Quarterly Semi-Annually Annually]]

Investment Allocations

[

<input type="checkbox"/> Combination 1 50% AST Capital Growth Asset Allocation 30% Franklin Templeton VIP Founding Funds Allocation Fund 20% AST First Trust Capital Appreciation Target	<input type="checkbox"/> Combination 2 20% Franklin Templeton VIP Founding Funds Allocation Fund 20% AST FI Pyramis® Asset Allocation 20% AST CLS Growth Asset Allocation 20% AST First Trust Capital Appreciation Target 20% AST Advanced Strategies	<input type="checkbox"/> Combination 3 30% AST Horizon Growth Asset Allocation 25% AST Academic Strategies Asset Allocation 25% AST Schroders Multi-Asset World Strategies 20% AST Wellington Management Hedged Equity
<input type="checkbox"/> Combination 4 35% AST Balanced Asset Allocation 35% AST T. Rowe Price Asset Allocation 30% AST First Trust Balanced Target	<input type="checkbox"/> Combination 5 40% AST T. Rowe Price Asset Allocation 15% AST CLS Moderate Asset Allocation 15% AST First Trust Balanced Target 30% AST Advanced Strategies	<input type="checkbox"/> Combination 6 30% AST Horizon Moderate Asset Allocation 25% AST Academic Strategies Asset Allocation 25% AST Schroders Multi-Asset World Strategies 20% AST BlackRock Global Strategies
<input type="checkbox"/> Combination 7 20% AST T. Rowe Price Asset Allocation 80% AST Preservation Asset Allocation	<input type="checkbox"/> Combination 8 60% AST Preservation Asset Allocation 40% AST J.P. Morgan Strategic Opportunities	<input type="checkbox"/> Combination 9 25% AST Preservation Asset Allocation 75% AST J.P. Morgan Strategic Opportunities

]

Investment Allocations

[AST Balanced Asset Allocation
AST Capital Growth Asset Allocation
AST FI Pyramis® Asset Allocation
AST Preservation Asset Allocation
AST T. Rowe Price Asset Allocation
Franklin Templeton VIP Founding Funds Allocation Fund
AST CLS Growth Asset Allocation
AST CLS Moderate Asset Allocation
AST Horizon Growth Asset Allocation
AST Horizon Moderate Asset Allocation
AST First Trust Balanced Target
AST First Trust Capital Appreciation Target
AST Academic Strategies Asset Allocation
AST Advanced Strategies
AST BlackRock Global Strategies
AST J.P. Morgan Strategic Opportunities
AST Schroders Multi-Asset World Strategies
AST Wellington Management Hedged Equity
AST Lord Abbett Core Fixed Income
AST Neuberger Berman Core Bond
AST PIMCO Total Return Bond
AST Prudential Core Bond
AST Western Asset Core Plus Bond
AST Goldman Sachs Concentrated Growth
AST Jennison Large-Cap Growth
AST Marsico Capital Growth
AST MFS Growth
AST T. Rowe Price Large-Cap Growth
AST QMA US Equity Alpha
AST T. Rowe Price Equity Income

AST American Century Income & Growth
AST BlackRock Value
AST Goldman Sachs Large-Cap Value
AST Jennison Large-Cap Value
AST Large-Cap Value
AST Goldman Sachs Mid-Cap Growth
AST Neuberger Berman Mid-Cap Growth
AST Mid-Cap Value
AST Neuberger Berman / LSV Mid-Cap Value
AST High Yield
AST Money Market
AST PIMCO Limited Maturity Bond
AST T. Rowe Price Global Bond
AST Federated Aggressive Growth
AST Small-Cap Growth
AST Goldman Sachs Small-Cap Value
AST Small-Cap Value
AST International Growth
AST International Value
AST JP Morgan International Equity
AST MFS Global Equity
AST Parametric Emerging Markets Equity
AST Cohen & Steers Realty
AST Global Real Estate
AST Quantitative Modeling
AST T. Rowe Price Natural Resources
3 -Year Guarantee Period
5 -Year Guarantee Period
7 -Year Guarantee Period
10 -Year Guarantee Period]

E-Documents

By providing my e-mail address below, and my signature on this application, I consent to receive and accept documents electronically during the duration of my variable annuity contract. These documents include, but are not limited to: account statements, confirmations, privacy notices, tax documents, prospectuses and prospectus supplements, annual and semi-annual reports, proxy statements, and correspondence. This consent will continue unless and until I revoke my consent by notifying Prudential at which time I will begin receiving paper documents by mail. I understand that e-mail notifications will be sent to me, indicating that documents are available, and will include instructions on how to quickly and easily access the documents by going to Prudential's website.

Certain types of correspondence may still be delivered to you by paper mail. Registration on Prudential's website is required for electronic delivery. There are no fees charged by Prudential for the e-Documents service or for paper documents. You must have a computer with Internet access, an active e-mail account, and Adobe Acrobat Reader to view your documents electronically. You can download Adobe Acrobat at no charge. See your Internet Service Provider for any other access fees that may apply.

E-mail Address: [_____]]

Financial Professional Authorization

If not checked we will assume that your answers are “**YES**” to Perform Contract Maintenance and Provide Investment/Allocation Instructions.

DO you authorize your Financial Professional to perform any of the designated activities below? Yes No
Please indicate what designated activities you authorize your Financial Professional to have:

“Contract Maintenance” is currently limited to the following: changes to the Address-of-Record for the Owner(s), increasing or decreasing systematic investment amounts under a Systematic Investment program or termination of a Systematic Investment program and increasing or decreasing systematic withdrawal amounts under a Systematic Withdrawal program or termination of a Systematic Withdrawal program. There may be tax implications as a result of certain cash distributions, including systematic withdrawals, and the request(s) (including tax reporting and withholding) cannot be reversed once processed. Additional maintenance activities may be available in the future.

"Investment/Allocation Instructions" includes all activities which affect the investment of your Contract Value in the Sub-Accounts available (consult your current prospectus). These activities include transfers between Sub-Accounts; initiating, terminating or making changes to allocation instructions, where applicable, for Optional Programs such as Systematic Withdrawals, Automatic Rebalancing, Dollar Cost Averaging and Fixed Option renewal.]

Additional Information

If Type of Contract is an Employer Plan:

Employer Plan No.:

Employer Plan Phone No.:

Employer Plan Name:

Employer Plan Contact Name:

Employer Plan Street Address:

]

State Notices and Disclaimers

ALASKA: All statements and descriptions in an application for an insurance policy or annuity contract, or in negotiations for the policy or contract, by or in behalf of the insured or annuitant, shall be considered to be representations and not warranties. Misrepresentations, omissions, concealment of facts, and incorrect statements may not prevent a recovery under the policy or contract unless either (1) fraudulent; (2) material either to the acceptance of the risk, or to the hazard assumed by the insurer; or (3) the insurer in good faith would either not have issued the policy or contract, or would not have issued a policy or contract in as large an amount, or at the same premium or rate, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or contract or otherwise.

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.

OREGON and 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.

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.

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.]

Owner Acknowledgements and Signatures

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.

- I represent that the Annuity for which I am applying is not being purchased for speculation, arbitrage, viatication or any other type of collective investment scheme now or at any time prior to its termination; and
- I acknowledge that the Annuity for which I am applying may not be traded on any stock exchange or secondary market; and
- I represent that I am not being compensated in any way for the purchase of the Annuity for which I am applying; and
- 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 variable annuity is suitable for my investment time horizon, goals and objectives and financial situation and needs; and
- I understand that annuity payments, benefits or surrender values, when based on the investment experience of the separate account investment options, are variable and not guaranteed as to a dollar amount; and
- I represent to the best of my knowledge and belief that the statements made in this application are true and complete; and
- I acknowledge that I have received a current prospectus for this annuity; and
- Amounts allocated to an MVA Option may be subject to a Market Value Adjustment if withdrawn or transferred at any time other than during the 30 day period prior to the MVA Option's Maturity Date. See prospectus for details.

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

By signing below and having entered an e-mail address in the section titled E-Documents, I am providing my informed consent to receive standard regulatory documents and other documents listed in the section titled E-Documents by electronic delivery.

State where signed: _____

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.

Owner  _____ (Signature) (Date) Co-Owner  _____ (Signature) (Date)

Title (If Any) _____

Annuitant (if different from Owner)  _____ (Signature) (Date)]

Financial Professional Acknowledgements and Signatures

Financial Professional

Name: _____ [Name:
ID Number: _____ ID Number:
Phone Number: _____ Phone Number:
Email: _____ Email:]

Broker/Dealer Name: _____

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?

Yes No

Financial Professional Statement

[I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable 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 variable 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.]

[I represent that I have left copies of the following sales material with the applicant:

Illustrations (Copies must be included) Optional Benefits Brochure Investments Brochure Product Brochure
Other Company approved materials (please include brochure name) _____]

Financial Professional Signature:  _____ (Signature) (Date)

[Financial Professional Signature:  _____ (Signature) (Date)]

[Option: A B C]

SERFF Tracking Number: PRUD-127694713 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
 Company Tracking Number: P-SIMAPP(10/11)
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: P-SIMAPP(10/11)
 Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

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: This is not a policy filing.		

Comments:

	Item Status:	Status Date:
--	---------------------	-------------------------

Bypassed - Item: Life & Annuity - Actuarial Memo		
Bypass Reason: not applicable to this application filing. All actuarial requirements were met when the underlying contracts were approved.		

Comments:

	Item Status:	Status Date:
--	---------------------	-------------------------

Satisfied - Item: Cover Letter		
---------------------------------------	--	--

Comments:

Attachment:
Arkansas Cover Letter.pdf

	Item Status:	Status Date:
--	---------------------	-------------------------

Satisfied - Item: John Doe version of the submitted form for illustrative purposes		
---	--	--

SERFF Tracking Number: PRUD-127694713 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 49995
Company Tracking Number: P-SIMAPP(10/11)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: P-SIMAPP(10/11)
Project Name/Number: P-SIMAPP(10/11)/P-SIMAPP(10/11)

Comments:

Attachment:

P-SIMAPP_10-11_ John Doe.pdf

Item Status:

**Status
Date:**

Satisfied - Item: AR-7 Form

Comments:

Attachment:

AR - 7.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

P-SIMAPP_10-11_ Memo of Variability Generic.pdf



Prudential Annuities
One Corporate Drive
Shelton, CT 06484

A business of Prudential Financial, Inc.

VIA SERFF

October 10, 2011

Honorable Jay Bradford, Insurance Commissioner
Life and Health Division
Arkansas Insurance Department
200 West Third Street
Little Rock, AR 72201

Attn Linda Bird, Rates and Form Filings

Re: Pruco Life Insurance Company ("Pruco," "we," "us")
NAIC No. 304-79227 FEIN No. 22-1944557

Forms Submitted for Approval:
P-SIMAPP(10/11): Application Form

Dear Ms. Linda Bird:

Application form P-SIMAPP(10/11) is submitted for your review and approval. The application form is new and does not replace any previously approved or acknowledged application form. It is our belief that this filing does not contain any unusual or controversial items that deviate from standard industry practice. The submitted application form is designed to facilitate electronic order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels and captive Prudential agents. For business that is not conducted via an electronic order entry system, other previously approved application forms will continue to be used.

The application will be generated based on customer specific information provided by the applicant during an interview process. The financial professional will input the name, address, country of citizenship, SSN/TIN, birth date, telephone number, gender and beneficiary information of the owner and annuitant into an order entry system. The applicant will also advise the financial professional of the optional features, benefits and investment allocations they elect. The financial professional will input the options elected by the applicant into the order entry system. The financial professional will then print a hardcopy of the completed application for signatures ("wet" signature) by the applicant and financial professional. With respect to optional features, benefits and investment allocations, only those elected by the applicant will be populated on the completed application. Initially, we will only accept this application with wet signatures. In the future, we may wish to begin accepting this application with electronic signatures applied by any electronic method in compliance with the guidelines of the Uniform Electronic Transactions Act and/or any applicable state law. We have included a "John Doe" version of the application for your information.

The submitted application will be used to apply for the following previously approved contracts listed below or for any contract subsequently approved by the Department with which its use is appropriate:

<u>Form Number</u>	<u>SERFF Tracking Number</u>	<u>Approval Date</u>
P-BLX/IND(2/10)	PRUD-126355908	November 3, 2009
P-CR/IND(2/10)	PRUD-126355908	November 3, 2009
P-O/IND(5/11)	PRUD-126904786	January 14, 2011

The annuity form submitted is designed for use for qualified and non-qualified sales, as defined in the Internal Revenue Code. Should this application be used with certain qualified sales described under the Internal Revenue Code, the appropriate endorsement, approved or accepted by your Department, will be provided to the annuity holder and will be made part of the annuity to satisfy any federal qualified usage requirements.

Arkansas Insurance Department
October 10, 2011
Page 2

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 me as indicated below if you have any questions or require additional information.

Sincerely,



Pamela Bonaparte-Golding
Contract Specialist
Phone: (203) 944-7544, Fax: (203) 944-7737
Email: pamela.bonaparte-golding@prudential.com

Enclosures



Pruco Life Insurance Company, Phoenix, AZ

Regular Mail Delivery: P.O. Box 7960, Philadelphia, PA 19176

Overnight Service, Certified or Registered Mail Delivery: 2101 Welsh Rd, Dresher, PA 19025

1-800-513-0805, Fax: 1-800-576-1217

www.prudentialannuities.com

Please verify that the information is correct and *carefully read* and sign where indicated.

CONTRACT INFORMATION

Product Name: Prudential Premier Retirement B Series

Contract Payment Type: Transfer

Type of Contract: IRA

Amount: \$15000.00

Owner Type: Individual

Contribution Year:

Owner Information

Name: John A. Doe

Address: 123 Any Street

Anytown, ST 12345-6789

Citizenship: USA

SSN/TIN: 123-45-6789

Birth Date: 01/01/1965

Telephone Number: 555-555-1212

Gender: Male

Annuitant Information

Name: John A. Doe

Address: 123 Any Street

Anytown, ST 12345-6789

Citizenship: USA

SSN: 123-45-6789

Birth Date: 01/01/1965

Gender: Male

Co-Owner Information

Name:

Address:

Citizenship:

SSN:

Birth Date:

Gender:

Relationship to Owner:

Beneficiary Information

<u>Name</u>	<u>Primary / Contingent</u>	<u>Percentage</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Relationship</u>	<u>SSN / TIN</u>
Jane Doe	Primary	100	06/01/1965	Female	Spouse	555-55-5555
Joseph Doe	Contingent	50	06/01/1985	Male	Son	444-44-4444
Mary Doe	Contingent	50	06/01/1989	Female	Daughter	333-33-3333

Brokerage Identification Number:

Existing Annuity or Life Insurance Coverage

Do you have any existing Annuity or Life Insurance contracts?

Yes No

Will the Annuity being applied for replace (in whole or in part) one or more existing Annuity or Life Insurance Contracts?

Yes No

Company Name: ABC Annuity Company

Policy or Annuity Number: 123456

Year Issued: 2004

Company Name:

Policy or Annuity Number:

Year Issued:

Optional Benefits

Highest Daily Lifetime Income

Dollar Cost Averaging Program

Not elected.

Automatic Rebalancing

Not elected.

Investment Allocations

<input type="checkbox"/> Combination 1 50% AST Capital Growth Asset Allocation 30% Franklin Templeton VIP Founding Funds Allocation Fund 20% AST First Trust Capital Appreciation Target	<input type="checkbox"/> Combination 2 20% Franklin Templeton VIP Founding Funds Allocation Fund 20% AST FI Pyramis® Asset Allocation 20% AST CLS Growth Asset Allocation 20% AST First Trust Capital Appreciation Target 20% AST Advanced Strategies	<input type="checkbox"/> Combination 3 30% AST Horizon Growth Asset Allocation 25% AST Academic Strategies Asset Allocation 25% AST Schrodgers Multi-Asset World Strategies 20% AST Wellington Management Hedged Equity
<input type="checkbox"/> Combination 4 35% AST Balanced Asset Allocation 35% AST T. Rowe Price Asset Allocation 30% AST First Trust Balanced Target	<input type="checkbox"/> Combination 5 40% AST T. Rowe Price Asset Allocation 15% AST CLS Moderate Asset Allocation 15% AST First Trust Balanced Target 30% AST Advanced Strategies	<input type="checkbox"/> Combination 6 30% AST Horizon Moderate Asset Allocation 25% AST Academic Strategies Asset Allocation 25% AST Schrodgers Multi-Asset World Strategies 20% AST BlackRock Global Strategies
<input type="checkbox"/> Combination 7 20% AST T. Rowe Price Asset Allocation 80% AST Preservation Asset Allocation	<input type="checkbox"/> Combination 8 60% AST Preservation Asset Allocation 40% AST J.P. Morgan Strategic Opportunities	<input type="checkbox"/> Combination 9 25% AST Preservation Asset Allocation 75% AST J.P. Morgan Strategic Opportunities

Investment Allocations

25% AST Balanced Asset Allocation
25% AST T. Rowe Price Asset Allocation
25% AST CLS Moderate Asset Allocation
25% AST BlackRock Global Strategies

E-Documents

By providing my e-mail address below, and my signature on this application, I consent to receive and accept documents electronically during the duration of my variable annuity contract. These documents include, but are not limited to: account statements, confirmations, privacy notices, tax documents, prospectuses and prospectus supplements, annual and semi-annual reports, proxy statements, and correspondence. This consent will continue unless and until I revoke my consent by notifying Prudential at which time I will begin receiving paper documents by mail. I understand that e-mail notifications will be sent to me, indicating that documents are available, and will include instructions on how to quickly and easily access the documents by going to Prudential's website.

Certain types of correspondence may still be delivered to you by paper mail. Registration on Prudential's website is required for electronic delivery. There are no fees charged by Prudential for the e-Documents service or for paper documents. You must have a computer with Internet access, an active e-mail account, and Adobe Acrobat Reader to view your documents electronically. You can download Adobe Acrobat at no charge. See your Internet Service Provider for any other access fees that may apply.

E-mail Address: john.doe@email.com

Financial Professional Authorization

If not checked we will assume that your answers are “**YES**” to Perform Contract Maintenance and Provide Investment/Allocation Instructions.

DO you authorize your Financial Professional to perform any of the designated activities below? Yes No
Please indicate what designated activities you authorize your Financial Professional to have:

“Contract Maintenance” is currently limited to the following: changes to the Address-of-Record for the Owner(s), increasing or decreasing systematic investment amounts under a Systematic Investment program or termination of a Systematic Investment program and increasing or decreasing systematic withdrawal amounts under a Systematic Withdrawal program or termination of a Systematic Withdrawal program. There may be tax implications as a result of certain cash distributions, including systematic withdrawals, and the request(s) (including tax reporting and withholding) cannot be reversed once processed. Additional maintenance activities may be available in the future.

"Investment/Allocation Instructions" includes all activities which affect the investment of your Contract Value in the Sub-Accounts available (consult your current prospectus). These activities include transfers between Sub-Accounts; initiating, terminating or making changes to allocation instructions, where applicable, for Optional Programs such as Systematic Withdrawals, Automatic Rebalancing, Dollar Cost Averaging and Fixed Option renewal.]

Additional Information

If Type of Contract is an Employer Plan:

Employer Plan No.:

Employer Plan Phone No.:

Employer Plan Name:

Employer Plan Contact Name:

Employer Plan Street Address:

State Notices and Disclaimers

ALASKA: All statements and descriptions in an application for an insurance policy or annuity contract, or in negotiations for the policy or contract, by or in behalf of the insured or annuitant, shall be considered to be representations and not warranties. Misrepresentations, omissions, concealment of facts, and incorrect statements may not prevent a recovery under the policy or contract unless either (1) fraudulent; (2) material either to the acceptance of the risk, or to the hazard assumed by the insurer; or (3) the insurer in good faith would either not have issued the policy or contract, or would not have issued a policy or contract in as large an amount, or at the same premium or rate, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or contract or otherwise.

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.

OREGON and 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.

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.

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.]

Owner Acknowledgements and Signatures

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.

- I represent that the Annuity for which I am applying is not being purchased for speculation, arbitrage, viatication or any other type of collective investment scheme now or at any time prior to its termination; and
- I acknowledge that the Annuity for which I am applying may not be traded on any stock exchange or secondary market; and
- I represent that I am not being compensated in any way for the purchase of the Annuity for which I am applying; and
- 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 variable annuity is suitable for my investment time horizon, goals and objectives and financial situation and needs; and
- I understand that annuity payments, benefits or surrender values, when based on the investment experience of the separate account investment options, are variable and not guaranteed as to a dollar amount; and
- I represent to the best of my knowledge and belief that the statements made in this application are true and complete; and
- I acknowledge that I have received a current prospectus for this annuity; and
- Amounts allocated to an MVA Option may be subject to a Market Value Adjustment if withdrawn or transferred at any time other than during the 30 day period prior to the MVA Option's Maturity Date. See prospectus for details.

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

By signing below and having entered an e-mail address in the section titled E-Documents, I am providing my informed consent to receive standard regulatory documents and other documents listed in the section titled E-Documents by electronic delivery.

State where signed: ST

**Pruco Life Insurance Company
751 Broad Street, Plaza Building
Newark, NJ 07102**

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

I hereby certify that Pruco Life Insurance Company complies with the requirements of Rules and Regulation #34 of the Arkansas Insurance Department regarding Form Numbers: P-SIMAPP(10/11)



Suzanne Hurel – Vice President, Contracts

October 10, 2011

Date

PRUCO LIFE INSURANCE COMPANY

**MEMORANDUM OF VARIABLE MATERIAL FOR
VARIABLE ANNUITY APPLICATION FORM: P-SIMAPP(10/11)**

Brackets in the referenced Application form indicate any information that may change or may vary for new issues.

ADMINISTRATIVE SECTIONS: We view any information indicated in the lower right hand corner of the Application 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.

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 CONTACT INFORMATION: The current address, telephone number, web site, etc. are as indicated in the Application. These are subject to change over time.

PRODUCT NAME: This section will be populated with the marketing name of the annuity product chosen by the applicant and for which the applicant is applying. Currently, the annuity product names that may appear in this field are:

Prudential Premier Retirement B Series
Prudential Premier Retirement L Series
Prudential Premier Retirement X Series
Prudential Premier Retirement C Series
Prudential Premier Retirement Variable Annuity

We reserve the right to add any annuity product subsequently approved by the Department with which its use is appropriate.

TYPE OF CONTRACT: This field will be populated with the "market" or type of contract for which the applicant is applying and will vary based on the individual contract being applied for. Following are the types of contract currently available that may populate this field: Non-Qualified, IRA, SEP-IRA, Roth IRA, Roth 401(k), 403(b), 457(b) (gov't entity), 457(b) (501(c) tax-exempt), 401

We reserve the right to add or delete types of contracts based on business need.

CONTRACT PAYMENT TYPE: This field will be populated with one of the following payment types and will vary based on the individual contract being applied for: Transfer, Rollover, Direct Rollover, Contribution, 1035 Exchange

We reserve the right to add or delete contract payment types based on business need.

AMOUNT: This field will be populated with amount of the payment(s) and will vary based on the individual contract being applied for.

OWNER TYPE: This field will be populated with one of the following owner types and will vary based on the individual contract being applied for: Individual, Custodian, UTMA/UGMA, Trust, C Corporation, S Corporation

We reserve the right to add or delete owner types based on business need.

CONTRIBUTION YEAR: If applicable, this field will be populated with the appropriate tax year for which a contribution is to be applied.

OWNER INFORMATION: The fields in this section will be populated with the applicant's name, address, country of citizenship, SSN/TIN, birth date, telephone number and gender. This section is bracketed to indicate that, we may revise this section and the information collected in this section, or request additional information in this section.

ANNUITANT INFORMATION: The fields in this section will be populated with the annuitant's name, address, country of citizenship, SSN, birth date, and gender. This section is bracketed to indicate that, we may revise this section and the information collected in this section, or request additional information in this section.

CO-OWNER INFORMATION: If applicable, the fields in this section will be populated with the co-owner's name, address, country of citizenship, SSN, birth date, gender and relationship to the owner. This section is bracketed to indicate that, we may revise this section and the information collected in this section, or request additional information in this section. It is possible that we may not allow Co-Ownership for certain annuity products we develop, in which case this section will be removed from the Application.

BENEFICIARY INFORMATION: The fields in this section will be populated with the beneficiary's name, class (primary or contingent) percentage, birth date, relationship to the owner and SSN/TIN. We have also included a field for the beneficiary's gender. This field may be removed based on business need.

BROKERAGE IDENTIFICATION NUMBER: We may move this information to another section of the Application form or delete it entirely, based on the Company's business requirements.

OPTIONAL BENEFITS: This field will be populated with the optional benefits, if any, elected by the applicant and will vary based on the individual contract being applied for. Below are the optional benefits currently available that may populate this field:

Highest Daily Lifetime Income
Spousal Highest Daily Lifetime Income
Highest Daily Lifetime Income with Lifetime Income Accelerator
Combination 5% Roll-up and Highest Anniversary Value
Highest Anniversary Value

If no optional benefits are elected by the applicant, this field may be left blank or be populated with "None Elected." We reserve the right to add new optional benefits that we may develop in the future which have been acknowledged or approved by the Department.

DOLLAR COST AVERAGING PROGRAM: We currently make available a 6 month DCA or 12 month DCA program. This section will be populated with the program elected by the applicant and the percentage of the contract payment that the applicant wishes to apply to such program. If no DCA program is elected by the applicant, this field may be left blank or be populated with "Not Elected." This entire section is placed within brackets to indicate that it may be removed in the event that the company no longer offers a Dollar Cost Averaging program for new business.

AUTOMATIC REBALANCING PROGRAM: We currently make available an automatic rebalancing program. If automatic rebalancing is elected by the applicant, this section will be populated with the day of the month on which the applicant wishes the program to run and the frequency (monthly, quarterly, semi-annually or annually) of the program. If automatic rebalancing is not elected by the applicant, this field may be left blank or be populated with "Not Elected." This entire section is placed within brackets to indicate that it may be removed in the event that the company no longer offers an automatic rebalancing program.

INVESTMENT ALLOCATIONS: The current investment allocation lineup is as indicated on the application. This section will be populated with only the investment allocations and percentages chosen by the applicant. We may, from time to time, change the investment options available.

E-DOCUMENTS: This section may change or be deleted over time to reflect any changes that may be required for specific annuity products, or to reflect changes in electronic processes or business requirements.

FINANCIAL PROFESSIONAL AUTHORIZATION: This section will appear as is on the application or be removed entirely based on our business needs or the business needs of our external partners.

EMPLOYER PLAN INFORMATION: If the Type of Contract is SEP-IRA, Roth 401(k), 403(b), 457(b) (gov't entity), 457(b) (501(c) tax-exempt) or 401, we require the information shown in this section. This section will appear on the application or be removed entirely based on our business needs or the business needs of our external partners. We may require this information for other Types of Contracts in the future based on business need.

STATE NOTICES AND DISCLAIMERS: This section may change if / when we are notified, through state regulatory activity, of any changes to fraud warnings / notices or additional fraud warnings / notices required on annuity applications. We reserve the right to add any such notices without re-filing with your Department.

OWNER ACKNOWLEDGEMENTS AND SIGNATURES: This section is contained in brackets to indicate the information shown may change based on product-specific requirements, regulatory requirements, and business needs.

FINANCIAL PROFESSIONAL ACKNOWLEDGEMENTS AND SIGNATURES: This section contains fields for two financial professionals. The fields and signature line for the second financial professional may be removed based on our business needs or the business needs of our external partners.

FINANCIAL PROFESSIONAL STATEMENT: This section may change based on the Company's business need.

FINANCIAL PROFESSIONAL STATEMENT- SALES MATERIALS: This section will only appear if a replacement of an existing annuity or life insurance product is indicated. Any or all of the sales material items listed may be populated in this section.

OPTION: This section is for financial professional use only. We may add or delete options or remove this section entirely based our business needs or the business needs of our external partners.