

SERFF Tracking Number: PRUD-127061542 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 48144
 Company Tracking Number: APP (5/11) PRUCO
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: APP (5/11) PRUCO
 Project Name/Number: APP (5/11) PRUCO/APP (5/11) PRUCO

Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: APP (5/11) PRUCO

SERFF Tr Num: PRUD-127061542 State: Arkansas

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

SERFF Status: Closed-Approved- State Tr Num: 48144
 Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: APP (5/11) PRUCO

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Elaine Tweedus, John
 Witteman, Anthony Pereira, Carolyn
 Cargnel, Pamela Bonaparte-
 Golding, Corey Geissman, Starr
 Merritt, Mila Shafir

Disposition Date: 03/07/2011

Date Submitted: 03/02/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: APP (5/11) PRUCO

Status of Filing in Domicile: Not Filed

Project Number: APP (5/11) PRUCO

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We have not filed these forms in our home state, Arizona, as they are exempt pursuant to Arizona Revised statutes, Section 20-1110.F and the Exemptive Order dated October 22, 2003. We have enclosed a copy of these statutes for your review.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/07/2011

State Status Changed: 03/07/2011

Deemer Date:

Created By: Pamela Bonaparte-Golding

Submitted By: Pamela Bonaparte-Golding

Corresponding Filing Tracking Number:

SERFF Tracking Number: PRUD-127061542 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 48144
Company Tracking Number: APP (5/11) PRUCO
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
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Project Name/Number: APP (5/11) PRUCO/APP (5/11) PRUCO

Filing Description:

VIA SERFF

March 2, 2011

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

Attn Claudia Meeks, Rates and Form Filings

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

Form Submitted for Approval:
PRVA-APP(5/11): Application

Dear Ms. Meeks:

The referenced application form is submitted for your review and approval. The enclosed form replaces form P-OVAA(5/11) previously approved by the Department on January 14, 2011 via SERFF Tracking Number PRUD-126904786. For the submitted application form, we have changed the name of the product to "Premier Retirement Variable Annuity." Section 4B has also been updated to reflect the current fund lineup. The remainder of the application remains as approved by your Department.

Application form PRVA-APP(5/11) will be used with Annuity Contract Form P-O/IND(5/11) also previously approved by the Department on January 14, 2011 via SERFF Tracking Number PRUD-126904786. The submitted application may be used as a paper application, or in electronic format (.pdf) on a representative's laptop.

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

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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.

Very truly yours,

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

Enclosures

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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$50.00	03/02/2011	45202969

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/07/2011	03/07/2011

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Disposition

Disposition Date: 03/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



Prudential

Prudential

Premier® Retirement

Variable Annuity Application Form

Annuities are issued by Pruco Life Insurance Company

Annuities Service Center
Financial Professionals:
1-800-513-0805
Fax 1-800-576-1217
www.prudentialannuities.com

Regular Mail Delivery
Annuities Service Center
P.O. Box 7960
Philadelphia, PA 19176

Overnight Service, Certified or
Registered Mail Delivery
Prudential Annuities Service Center
2101 Welsh Road
Dresher, PA 19025

SECTION 1 ■ OWNERSHIP INFORMATION

A. TYPE OF OWNERSHIP

Individual Custodian UTMA/UGMA Trust* Corporation* Other* _____

*If the Owner is a Trust, Corporation or other entity you must complete and submit the Certificate of Entity form with this application.

B. OWNER

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

_____/_____/_____/_____

Street Address City State ZIP

_____/_____/_____/_____

Telephone Number _____

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

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

C. CO-OWNER - Not available for entity-owned Annuities or Qualified Annuities.

Check here to designate the Co-Owners as each other's Primary Beneficiary.

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

_____/_____/_____/_____

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))

Relationship to Owner: _____

D. ANNUITANT - Complete this Section if the Annuitant is not the Owner.

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

_____/_____/_____/_____

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))

Networking No.

Annuity No. (If established)

FOR BROKER/DEALER USE ONLY _____



SECTION 2 ■ BENEFICIARY INFORMATION

- For Custodial IRA contracts, the Custodian must be listed as the Beneficiary.
- For Qualified contracts (Profit Sharing Plan, 401(k), etc.) other than an IRA or SEP-IRA, the Plan 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 Co-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)	
_____ / _____ / _____		_____ / _____ / _____	
<input type="checkbox"/> Primary	Relationship _____	SSN/TIN _____	Percentage _____ %
<input type="checkbox"/> Contingent	_____	_____	_____ %

Name (First, Middle, Last)		Birth Date (Mo / Day / Yr)	
_____ / _____ / _____		_____ / _____ / _____	
<input type="checkbox"/> Primary	Relationship _____	SSN/TIN _____	Percentage _____ %
<input type="checkbox"/> Contingent	_____	_____	_____ %

Name (First, Middle, Last)		Birth Date (Mo / Day / Yr)	
_____ / _____ / _____		_____ / _____ / _____	
<input type="checkbox"/> Primary	Relationship _____	SSN/TIN _____	Percentage _____ %
<input type="checkbox"/> 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

<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> SEP-IRA*	<input type="checkbox"/> Roth 401(k)*	<input type="checkbox"/> 457(b)*(gov't. entity)	<input type="checkbox"/> 401*(Plan Year) _____
<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 403(b)*	<input type="checkbox"/> 457(b)*(501(c) tax-exempt)	<input type="checkbox"/> Other _____

**The following information is required if the contract being requested is an employer plan.*

Employer Plan No. (if available)	Employer Plan Phone No.
_____	_____

Employer Plan Name	Employer Plan Contact Name
_____	_____

Street Address	City	State	ZIP
_____	_____	_____	_____



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 . . . \$ _____

D. OPTIONAL BENEFITS

Riders may not be available in all states or may vary. If elected, additional charges, age and investment restrictions may apply. Please see the prospectus for full details.

Living Benefits (ONLY ONE may be chosen.)

Income Benefits

- Highest Daily Lifetime® Income
- Spousal Highest Daily Lifetime® Income

SECTION 4 ■ INVESTMENT SELECTION *NOTE: ALL ELECTIONS MUST BE IN WHOLE PERCENTAGES, NOT DOLLARS*

A. 6 OR 12 MONTH DOLLAR COST AVERAGING (DCA) PROGRAM - Please see the prospectus for details on this program.

If not enrolling in 6 or 12 Month DCA, proceed to Section 4B.

If enrolling in 6 or 12 Month DCA, check the applicable box and proceed to Section 4B to select the Portfolios to which your DCA transfers will be allocated. You may not participate in both the 6 and 12 Month DCA at the same time.

6 or 12 Month DCA may not be available in all states.

- 6 Month DCA _____ % of purchase payments **OR** 12 Month DCA _____ % of purchase payments

If you choose to allocate less than 100% of your purchase payment to the 6 or 12 month DCA program, the remaining percentage of your purchase payment will be allocated to the investments you select in Section 4B.



SECTION 4 ■ INVESTMENT SELECTION *NOTE: ALL ELECTIONS MUST BE IN WHOLE PERCENTAGES, NOT DOLLARS* (continued)

B. INVESTMENT ALLOCATIONS

If you are electing an optional living benefit in Section 3D, you must choose from **ONE** of the following three options:

- 1. **Prudential Portfolio Combinations:** You may pick **ONE** of the Prudential Portfolio Combinations in Box 1; **OR**
- 2. **Asset Allocation Portfolios:** Indicate the percent of your investment for each Asset Allocation Portfolio. Allocations made among these portfolios must total 100% (BOX 2); **OR**
- 3. **Custom Portfolios Program:** You must allocate at least 30% among the individual portfolios listed in BOX 3 and the remaining percentage among the individual portfolios listed in BOX 2 and BOX 4 in any percent combinations. The Custom Portfolios Program will automatically be rebalanced quarterly to the allocations selected.

If you are **NOT** electing an optional living benefit, you may pick one of the Prudential Portfolio Combinations in Box 1; OR allocate among any of the portfolios listed in BOXES 2, 3, or 4 in any percentage combination totaling 100%.

AUTOMATIC REBALANCING - Available for options 1 or 2 above or if you are NOT electing an optional living benefit

Check here if you would like the below percentages to rebalance. Indicate the day of the month and frequency.

Day of the Month (1st - 28th) _____ Rebalancing Frequency: Monthly Quarterly Semi-Annually Annually

BOX 1 | Prudential Portfolio Combinations

<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 Opportunitites	<input type="checkbox"/> Combination 9 25% AST Preservation Asset Allocation 75% AST J.P. Morgan Strategic Opportunitites

Over time, the percentage that each Asset Allocation Portfolio you are invested in represents to your Account Value may vary from the original allocation percentage within the Prudential Portfolio Combination you selected. We will not automatically rebalance your variable Account Value to stay consistent with that original allocation, unless you specifically direct us to do so in the **Automatic Rebalancing** section above. In providing these Portfolio Combinations, we are not providing investment advice. You and your Financial Professional are responsible for determining which Portfolio Combinations or Sub-account(s) are best for you.

BOX 2 | Asset Allocation Portfolios %

Traditional	Tactical	Alternative
<input type="checkbox"/> AST Balanced Asset Allocation	<input type="checkbox"/> AST CLS Growth Asset Allocation	<input type="checkbox"/> AST Academic Strategies Asset Allocation
<input type="checkbox"/> AST Capital Growth Asset Allocation	<input type="checkbox"/> AST CLS Moderate Asset Allocation	<input type="checkbox"/> AST Advanced Strategies
<input type="checkbox"/> AST FI Pyramis® Asset Allocation	<input type="checkbox"/> AST Horizon Growth Asset Allocation	<input type="checkbox"/> AST BlackRock Global Strategies
<input type="checkbox"/> AST Preservation Asset Allocation	<input type="checkbox"/> AST Horizon Moderate Asset Allocation	<input type="checkbox"/> AST J.P. Morgan Strategic Opportunitites
<input type="checkbox"/> AST T. Rowe Price Asset Allocation	<input type="checkbox"/> Franklin Templeton VIP Founding Funds Allocation Fund	<input type="checkbox"/> AST Schroders Multi-Asset World Strategies
<input type="checkbox"/> Franklin Templeton VIP Founding Funds Allocation Fund	Quantitative	<input type="checkbox"/> AST Wellington Management Hedged Equity
	<input type="checkbox"/> AST First Trust Balanced Target	
	<input type="checkbox"/> AST First Trust Capital Appreciation Target	
		BOX 2 Total _____ %

BOX 3 | Bond Portfolios %

<input type="checkbox"/> AST Lord Abbett Core Fixed Income	<input type="checkbox"/> AST Western Asset Core Plus Bond	
<input type="checkbox"/> AST PIMCO Total Return Bond		BOX 3 Total _____ % (Continued)



SECTION 4 ■ INVESTMENT SELECTION *NOTE: ALL ELECTIONS MUST BE IN WHOLE PERCENTAGES, NOT DOLLARS* (continued)

BOX 4 | Additional Portfolios %

Large-Cap Growth

- AST Goldman Sachs Concentrated Growth
- AST Jennison Large-Cap Growth
- AST Marsico Capital Growth
- AST MFS Growth
- AST T. Rowe Price Large-Cap Growth

Large-Cap Blend

- AST QMA US Equity Alpha

Large-Cap Value

- AST AllianceBernstein Core Value
- AST American Century Income & Growth
- AST BlackRock Value
- AST Goldman Sachs Large-Cap Value
- AST Jennison Large-Cap Value
- AST Large-Cap Value

Mid-Cap Growth

- AST Goldman Sachs Mid-Cap Growth
- AST Neuberger Berman Mid-Cap Growth

Mid-Cap Value

- AST Mid-Cap Value
- AST Neuberger Berman / LSV Mid-Cap Value

Fixed Income

- AST High Yield
- AST Money Market
- AST PIMCO Limited Maturity Bond
- AST T. Rowe Price Global Bond

Small-Cap Growth

- AST Federated Aggressive Growth
- AST Small-Cap Growth

Small-Cap Value

- AST Goldman Sachs Small-Cap Value
- AST Small-Cap Value

International Equity

- AST International Growth
- AST International Value
- AST JP Morgan International Equity
- AST MFS Global Equity
- AST Parametric Emerging Markets Equity

Specialty Portfolio

- AST Cohen & Steers Realty
- AST Global Real Estate
- AST T. Rowe Price Natural Resources

BOX 4 Total %

CUMULATIVE (TOTAL 100%) %

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, privacy notices 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 answers are “YES” (except in Nevada and Utah, where we will assume your answer is “NO”) to Perform Contract Maintenance and Provide Investment/Allocation Instructions. For definitions, see Definitions and Disclosures.

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:

- Perform Contract Maintenance**
- Provide Investment/Allocation Instructions**

SECTION 7 ■ ADDITIONAL INFORMATION

If needed for: • Special Instructions • Beneficiaries • Contingent Annuitant (for custodial business only)
• Annuity Replacement • Entity Authorized Individuals



SECTION 8 ■ NOTICES & 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 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.



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.

- 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 contract investment options, are variable and not guaranteed as to a dollar amount;
- 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.
- 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.

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.)

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's signature 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 ▶ _____ / ____ / ____
Co-Owner's signature Month Day Year

SIGN HERE ▶ _____ / ____ / ____
Annuitant signature (if different from Owner) 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

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 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.

SIGN HERE ▶

Financial Professional signature

_____/_____/_____
Month Day Year

SIGN HERE ▶

Financial Professional signature

_____/_____/_____
Month Day Year

SERFF Tracking Number: PRUD-127061542 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 48144
Company Tracking Number: APP (5/11) PRUCO
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: APP (5/11) PRUCO
Project Name/Number: APP (5/11) PRUCO/APP (5/11) PRUCO

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: EJ App Filing Arkansas Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: PRVA-APP(5-11) Memo of Variability Generic.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR. 7		
Comments:		
Attachment: AR - 7.pdf		



Prudential Annuities
One Corporate Drive
Shelton, CT 06484

A business of Prudential Financial, Inc.

VIA SERFF

March 2, 2011

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

Attn Claudia Meeks, Rates and Form Filings

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

Form Submitted for Approval:
PRVA-APP(5/11): Application

Dear Ms. Meeks:

The referenced application form is submitted for your review and approval. The enclosed form replaces form P-OVAA(5/11) previously approved by the Department on January 14, 2011 via SERFF Tracking Number PRUD-126904786. For the submitted application form, we have changed the name of the product to "Premier Retirement Variable Annuity." Section 4B has also been updated to reflect the current fund lineup. The remainder of the application remains as approved by your Department.

Application form PRVA-APP(5/11) will be used with Annuity Contract Form P-O/IND(5/11) also previously approved by the Department on January 14, 2011 via SERFF Tracking Number PRUD-126904786. The submitted application may be used as a paper application, or in electronic format (.pdf) on a representative's laptop.

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.

Very truly yours,

A handwritten signature in blue ink that reads "Pamela Bonaparte-Golding".

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

Enclosures

PRUCO LIFE INSURANCE COMPANY

MEMORANDUM OF VARIABLE MATERIAL FOR INDIVIDUAL VARIABLE ANNUITY APPLICATION FORM: PRVA-APP(5/11)

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 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.

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

SECTION 1A OWNERSHIP INFORMATION – TYPE OF OWNERSHIP: This section is bracketed to indicate that we may revise this section depending on product-specific rules and requirements, including any regulatory requirements.

SECTION 1B OWNERSHIP INFORMATION – 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 depending on product-specific rules and requirements, including any regulatory requirements.

SECTION 1C OWNERSHIP INFORMATION – CO-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 depending on product-specific rules and requirements, including any regulatory requirements. 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.

SECTION 1D OWNERSHIP INFORMATION – ANNUITANT: 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 depending on product-specific rules and requirements, including any regulatory requirements.

FOR BROKER/DEALER USE: We may move this information to another section of the Application form or change it or delete it entirely, based on the Company's business requirements.

SECTION 2 BENEFICIARY INFORMATION: This section is bracketed to indicate we may revise this section and the information collected in this section, or request additional information in this section depending on product-specific rules and requirements, including any regulatory requirements.

SECTION 3A ANNUITY INFORMATION -- EXISTING ANNUITY OR LIFE INSURANCE COVERAGE: This section is subject to change based on any changes to replacement regulations and other regulatory requirements.

SECTION 3B ANNUITY INFORMATION -- TYPE OF CONTRACT BEING REQUESTED: The type of contract may vary depending on any specific annuity product we may offer. This section may also be changed based on any new regulatory requirements.

SECTION 3C ANNUITY INFORMATION -- PURCHASE PAYMENTS: This section is subject to change based on changes to the Company's business requirements or any federal or state requirements.

SECTION 3D ANNUITY INFORMATION -- OPTIONAL BENEFITS: We reserve the right to discontinue offering for new business any of the optional benefits described within in this section. We also reserve the right to add new optional benefits we may develop in the future which have been acknowledged or approved by the Insurance Department. In addition, we reserve the right to modify or change any descriptions or footnotes for any given optional benefit, and to change any marketing name currently shown. We also reserve the right to add or change any Service Marks (SM) or Registered Trademarks (®) when appropriate.

SECTION 4A AND 4B INVESTMENT SELECTION: We may, from time to time, change the investment options available for any annuity product. We reserve the right to indicate in these sections any investment options limitations/restrictions.

SECTION 5 E-DOCUMENTS: This section may change or be deleted or modified over time to reflect any changes that may be required for specific annuity products, or to reflect changes in electronic processes or business requirements.

SECTION 6 FINANCIAL PROFESSIONAL AUTHORIZATION: This section may change based on the Company's business need and any regulatory requirements. Based on state, firm or other business requirements, we will refer to the producer throughout the application with one of the following terms: "Financial Professional," "Agent" or "Insurance Licensed Registered Representative"

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 is contained in brackets to indicate the information shown may change based on product-specific requirements, regulatory requirements, and business needs.

SECTIONS 10A, 10B AND 10C FINANCIAL PROFESSIONAL ACKNOWLEDGEMENTS AND SIGNATURES—FINANCIAL PROFESSIONAL, BROKER/DEALER, REQUIRED QUESTIONS: These sections may change based on the Company's business need and any regulatory requirements, including replacement requirements. Based on state, firm or other business requirements, we will refer to the producer throughout the application with one of the following terms: "Financial Professional," "Agent" or "Insurance Licensed Registered Representative."

**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: PRVA-APP(5/11)



Suzanne Hurel – Vice President, Contracts

March 2, 2011

Date