

SERFF Tracking Number: PRUD-126153353 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 42684
 Company Tracking Number: SULNT-2007-AR & PLI 488-2007 REPRICING FILING - JSAR
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: SULNT-2007-AR & PLI 488-2007 Repricing Filing
 Project Name/Number: SULNT-2007-AR & PLI 488-2007 Repricing Filing/

Filing at a Glance

Company: Pruco Life Insurance Company
 Product Name: SULNT-2007-AR & PLI 488-2007 Repricing Filing
 TOI: L09I Individual Life - Flexible Premium Adjustable Life
 Sub-TOI: L09I.002 Joint (Last Survivor)

SERFF Tr Num: PRUD-126153353 State: Arkansas
 SERFF Status: Closed-Approved- State Tr Num: 42684
 Closed
 Co Tr Num: SULNT-2007-AR & PLI State Status: Approved-Closed
 488-2007 REPRICING FILING - JSAR

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 06/22/2009

Date Submitted: 06/17/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 08/17/2009

Implementation Date:

State Filing Description:

General Information

Project Name: SULNT-2007-AR & PLI 488-2007 Repricing Filing
 Project Number:
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: These forms have been submitted to our Domicile State, Arizona, and are currently under review.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 06/22/2009

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 06/22/2009

Deemer Date:

Created By: Marcelle Chapman

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Submitted By: Eula Armstrong

Corresponding Filing Tracking Number:

Filing Description:

In Re: Pruco Life Insurance Company

NAIC # 30479227

Individual Life

Form Number SULNT-2007-AR and PLI 488-2007

Insert Contract Data Pages for Re-Priced Rates

Dear Commissioner:

Enclosed are materials related to the re-pricing of our previously approved Flexible Premium Survivorship Universal Life Insurance Policy and Rider to Provide Lapse Protection. The re-priced rates are for policy form SULNT-2007-AR (approved on August 14, 2007) and rider form PLI 488-2007 (approved on August 14, 2007).

Contracts issued with the re-priced rates will include insert data pages with the "(8-2009)" identifier in the page code. The only changes to the policy for this re-pricing are to the minimum initial premium shown on page 3A and the schedule of surrender charges shown on pages 3B and 3C of the policy data pages. The only changes to the rider are to the no-lapse interest on page 1, the schedule of no-lapse premiums on page 2, and the no-lapse charge for sales expenses rate table on page 5 of the rider data pages. There are no other changes to any of the contract provisions in these forms.

Variable and illustrative material in the policy and rider data pages has been bracketed. A statement of variability and updated actuarial material is also enclosed.

We plan to implement the re-priced rates for new contracts starting in August 2009.

If you have any questions, please call me toll-free at (888)-800-8244, or contact me via e-mail at John.Steiniger@Prudential.com.

Company and Contact

Filing Contact Information

John Steiniger, Second Vice President

John.Steiniger@Prudential.com

Individual Insurance Group

973-802-6104 [Phone]

213 Washington Street

973-367-8134 [FAX]

Newark, NJ 07102-2992

Filing Company Information

SERFF Tracking Number: PRUD-126153353 State: Arkansas
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 Project Name/Number: SULNT-2007-AR & PLI 488-2007 Repricing Filing/
 Pruco Life Insurance Company CoCode: 79227 State of Domicile: Arizona
 751 Broad Street Group Code: 304 Company Type: Life
 Newark, NJ 07102-3777 Group Name: State ID Number:
 (973) 802-6000 ext. [Phone] FEIN Number: 22-1944557

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per Policy with Riders
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$50.00	06/17/2009	28640756

SERFF Tracking Number: PRUD-126153353 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/22/2009	06/22/2009

SERFF Tracking Number: PRUD-126153353 *State:* Arkansas
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Disposition

Disposition Date: 06/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRUD-126153353 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Prior Approved SULNT-2007-AR & PLI 488- 2007 Forms	Yes	Yes
Supporting Document	Reserves Basis and Methodology Memorandum	Yes	Yes
Supporting Document	Mortality Table	Yes	Yes
Form	CONTRACT DATA	Yes	Yes
Form	CONTRACT DATA CONTINUED	Yes	Yes
Form	CONTRACT DATA CONTINUED	Yes	Yes
Form	CONTRACT DATA CONTINUED	Yes	Yes
Form	TABLE(S)	Yes	Yes
Form	TABLE(S) CONTINUED	Yes	Yes
Form	TABLE(S) CONTINUED	Yes	Yes
Form	TABLE(S) CONTINUED	Yes	Yes
Form	TABLE(S) CONTINUED	Yes	Yes
Form	LAPSE PROTECTION RIDER DATA	Yes	Yes
Form	LAPSE PROTECTION RIDER DATA CONTINUED	Yes	Yes
Form	LAPSE PROTECTION RIDER DATA CONTINUED	Yes	Yes
Form	LAPSE PROTECTION RIDER DATA CONTINUED	Yes	Yes
Form	LAPSE PROTECTION RIDER DATA CONTINUED	Yes	Yes

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Form Schedule

Lead Form Number: SULNT-2007-AR & PLI 488-2007

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Page 3 (8-2009)	Schedule Pages	CONTRACT DATA	Initial			SULNT-2007 Page 3 for Aug 2009 pricing.pdf
	Page 3A (8-2009)	Schedule Pages	CONTRACT DATA CONTINUED	Initial			SULNT-2007 Page 3A for Aug 2009 pricing.pdf
	Page 3B (8-2009)	Schedule Pages	CONTRACT DATA CONTINUED	Initial			SULNT-2007 Page 3B for Aug 2009 pricing.pdf
	Page 3C (8-2009)	Schedule Pages	CONTRACT DATA CONTINUED	Initial			SULNT-2007 Page 3C for Aug 2009 pricing.pdf
	Page 4 (8-2009)	Schedule Pages	TABLE(S)	Initial			SULNT-2007 Page 4 for Aug 2009 pricing.pdf
	Page 4A (8-2009)	Schedule Pages	TABLE(S) CONTINUED	Initial			SULNT-2007 Page 4A for Aug 2009 pricing.pdf
	Page 4B (8-2009)	Schedule Pages	TABLE(S) CONTINUED	Initial			SULNT-2007 Page 4B for Aug 2009 pricing.pdf
	Page 4C (8-2009)	Schedule Pages	TABLE(S) CONTINUED	Initial			SULNT-2007 Page 4C for

SERFF Tracking Number: PRUD-126153353 State: Arkansas
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Page	Schedule	TABLE(S)	Initial	Aug 2009 pricing.pdf
Page 4D (8-2009)	Schedule Pages	TABLE(S) CONTINUED	Initial	SULNT-2007 Page 4D for Aug 2009 pricing.pdf
PLI 488-2007 (8-2009) Page 1	Schedule Pages	LAPSE PROTECTION RIDER DATA	Initial	PLI 488-2007 (8-2009) Page 1.pdf
PLI 488-2007 (8-2009) Page 2	Schedule Pages	LAPSE PROTECTION RIDER DATA CONTINUED	Initial	PLI 488-2007 (8-2009) Page 2.pdf
PLI 488-2007 (8-2009) Page 3	Schedule Pages	LAPSE PROTECTION RIDER DATA CONTINUED	Initial	PLI 488-2007 (8-2009) Page 3.pdf
PLI 488-2007 (8-2009) Page 4	Schedule Pages	LAPSE PROTECTION RIDER DATA CONTINUED	Initial	PLI 488-2007 (8-2009) Page 4.pdf
PLI 488-2007 (8-2009) Page 5	Schedule Pages	LAPSE PROTECTION RIDER DATA CONTINUED	Initial	PLI 488-2007 (8-2009) Page 5.pdf

PROCESSING DATE: [XXX XX, XXXX]

CONTRACT DATA

Insureds' Information

(1) [JOHN DOE] [Male], Issue Age [35]
(2) [MARY DOE] [Female], Issue Age [32]

Rating Class

(See Segment Table on Page 4)

Basic Contract Information

Policy Number [xx xxx xxx]
Contract Date [August 1, 2009]
Premium Period During the life of either Insured up to the younger Insured's attained age 121
Beneficiary [JANE DOE, daughter]
Loan Interest Rate 4.00%
Preferred Loan Interest Rate 3.25%

Type of Death Benefit (see Death Benefit Provisions)

[Type A]

Survivorship Insurance

Basic Insurance Amount [\$250,000.00]

CONTRACT DATA CONTINUED ON NEXT PAGE

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

CONTRACT DATA CONTINUED

Minimum Initial Premium

The minimum initial premium due on the Contract Date is [\$138.58].

Contract Limitations

The minimum premium we will accept is \$25.00.

The minimum Basic Insurance Amount is \$250,000.00.

The minimum increase in Basic Insurance Amount is \$50,000.00.

The minimum decrease in Basic Insurance Amount is \$10,000.00.

The minimum amount you may withdraw is \$250.00.

Adjustments to Premium Payments

From each premium paid we will:

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

subtract a charge for sales expenses at a rate of up to 12% of the premium paid.

The remainder of the premium is the invested premium amount.

Adjustments to the Contract Fund

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

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

adding any invested premium amounts.

adding guaranteed interest at an effective annual rate of 3% (0.00809863% a day).

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

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

adding any additional excess interest. Additional excess interest at an effective annual rate of not more than 0.35% may be credited to policies in force at least 20 years. The additional excess interest is a result of a reduction in the interest margin for profit and expenses. The guaranteed interest rate will not be increased.

subtracting any withdrawals.

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

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

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

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

subtracting a monthly charge for administrative expenses for the basic insurance amount effective on the contract date of up to:
[\$0.15] per \$1,000 of the basic insurance amount plus \$20.00.

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

Schedule of Maximum Surrender Charges

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

For a Surrender Occurring During Target Year	The Maximum Surrender Charge is:
[1]	[\$1201.71]
[2]	[\$1105.57]
[3]	[\$1009.43]
[4]	[\$913.30]
[5]	[\$817.16]

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

For a Surrender Occurring During Target Year	The Maximum Surrender Charge is:
[6]	[\$721.02]
[7]	[\$672.96]
[8]	[\$624.89]
[9]	[\$576.82]
[10]	[\$528.75]
[11]	[\$480.68]
[12]	[\$432.61]
[13]	[\$384.55]
[14]	[\$336.48]
[15]	[\$288.41]
[16]	[\$240.34]
[17]	[\$192.27]
[18]	[\$144.20]
[19]	[\$96.14]
[20]	[\$48.07]
[21 and later]	[\$0.00]

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

END OF CONTRACT DATA

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

TABLE(S)

Segment Table

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

<u>Effective Date</u>	<u>Segment, Issue Age, & Rating Class (RC)</u>	<u>Surrender Charge Threshold</u>
[Contract Date]	[\$250,000.00] Basic Insurance Amount Insured (1) Issue Age [35] RC = [Nonsmoker] Insured (2) Issue Age [32] RC = [Nonsmoker]	[\$250,000.00]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

**Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk
 Segment Effective on [Contract Date]**

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
[32]	[0.00007]	[66]	[0.39803]
[33]	[0.00022]	[67]	[0.46764]
[34]	[0.00041]	[68]	[0.55140]
[35]	[0.00063]	[69]	[0.65078]
[36]	[0.00090]	[70]	[0.76548]
[37]	[0.00122]	[71]	[0.89881]
[38]	[0.00158]	[72]	[1.05221]
[39]	[0.00203]	[73]	[1.22993]
[40]	[0.00259]	[74]	[1.43851]
[41]	[0.00326]	[75]	[1.68214]
[42]	[0.00407]	[76]	[1.96215]
[43]	[0.00504]	[77]	[2.28284]
[44]	[0.00616]	[78]	[2.64297]
[45]	[0.00742]	[79]	[3.04196]
[46]	[0.00897]	[80]	[3.50858]
[47]	[0.01092]	[81]	[4.05876]
[48]	[0.01335]	[82]	[4.66586]
[49]	[0.01638]	[83]	[5.32465]
[50]	[0.02013]	[84]	[6.04890]
[51]	[0.02492]	[85]	[6.79860]
[52]	[0.03085]	[86]	[7.62805]
[53]	[0.03790]	[87]	[8.56497]
[54]	[0.04607]	[88]	[9.52949]
[55]	[0.05577]	[89]	[10.49307]
[56]	[0.06753]	[90]	[11.26502]
[57]	[0.08186]	[91]	[11.98273]
[58]	[0.09933]	[92]	[12.99436]
[59]	[0.12026]	[93]	[14.29724]
[60]	[0.14500]	[94]	[15.91324]
[61]	[0.17395]	[95]	[17.68805]
[62]	[0.20735]	[96]	[19.45656]
[63]	[0.24532]	[97]	[20.61958]
[64]	[0.28897]	[98]	[21.24013]
[65]	[0.33933]	[99]	[22.51165]

TABLE(S) CONTINUED ON NEXT PAGE

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

TABLE(S) CONTINUED

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
[100]	[24.18021]	[111]	[52.16212]
[101]	[26.01147]	[112]	[54.83493]
[102]	[28.04753]	[113]	[57.58154]
[103]	[30.28969]	[114]	[61.02036]
[104]	[32.74987]	[115]	[64.29251]
[105]	[35.36323]	[116]	[67.73000]
[106]	[38.04883]	[117]	[71.60494]
[107]	[40.78698]	[118]	[76.75439]
[108]	[43.57826]	[119]	[83.33333]
[109]	[46.46687]	[120]	[83.33333]
[110]	[49.36563]		

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

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

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

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

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Table of Attained Age Factors

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

These factors apply during each contract year.

Contract Year	Factors	Contract Year	Factors
[1]	[8.73]	[31]	[2.87]
[2]	[8.40]	[32]	[2.77]
[3]	[8.08]	[33]	[2.68]
[4]	[7.78]	[34]	[2.59]
[5]	[7.49]	[35]	[2.50]
[6]	[7.20]	[36]	[2.42]
[7]	[6.93]	[37]	[2.34]
[8]	[6.67]	[38]	[2.27]
[9]	[6.42]	[39]	[2.20]
[10]	[6.18]	[40]	[2.13]
[11]	[5.95]	[41]	[2.07]
[12]	[5.73]	[42]	[2.00]
[13]	[5.52]	[43]	[1.94]
[14]	[5.31]	[44]	[1.89]
[15]	[5.11]	[45]	[1.83]
[16]	[4.92]	[46]	[1.78]
[17]	[4.74]	[47]	[1.73]
[18]	[4.57]	[48]	[1.69]
[19]	[4.40]	[49]	[1.64]
[20]	[4.24]	[50]	[1.60]
[21]	[4.09]	[51]	[1.56]
[22]	[3.94]	[52]	[1.52]
[23]	[3.80]	[53]	[1.49]
[24]	[3.66]	[54]	[1.45]
[25]	[3.54]	[55]	[1.42]
[26]	[3.41]	[56]	[1.39]
[27]	[3.29]	[57]	[1.37]
[28]	[3.18]	[58]	[1.34]
[29]	[3.07]	[59]	[1.32]
[30]	[2.97]	[60]	[1.30]

TABLE(S) CONTINUED ON NEXT PAGE

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

TABLE(S) CONTINUED

Contract Year	Factors	Contract Year	Factors
[61]	[1.27]	[76]	[1.09]
[62]	[1.25]	[77]	[1.08]
[63]	[1.23]	[78]	[1.07]
[64]	[1.22]	[79]	[1.07]
[65]	[1.20]	[80]	[1.06]
[66]	[1.19]	[81]	[1.06]
[67]	[1.18]	[82]	[1.05]
[68]	[1.17]	[83]	[1.05]
[69]	[1.15]	[84]	[1.04]
[70]	[1.14]	[85]	[1.04]
[71]	[1.13]	[86]	[1.04]
[72]	[1.12]	[87]	[1.03]
[73]	[1.11]	[88]	[1.03]
[74]	[1.10]	[89]	[1.02]
[75]	[1.09]		

END OF TABLE(S)

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

LAPSE PROTECTION RIDER DATA

No-Lapse Adjustments to Premium Payments

From each premium paid we will:

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

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

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

No-Lapse Adjustments to the No-Lapse Contract Fund

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

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

adding any no-lapse invested premium amounts.

adding no-lapse interest (except as stated below) at an effective annual rate of 5.5% (0.01466978% a day) during the first 20 contract years; and 5.85% (0.01557733% a day) thereafter.

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

subtracting any withdrawals.

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

RIDER DATA CONTINUED ON NEXT PAGE

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

LAPSE PROTECTION RIDER DATA CONTINUED

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

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

[\$0.15] per \$1,000 of the basic insurance amount plus \$20.00;

changing on [AUG 01, 2011] to [\$0.15] per \$1,000 of the basic insurance amount plus \$8.00;

changing on [AUG 01, 2014] to [\$0.00] per \$1,000 of the basic insurance amount plus \$8.00 thereafter.

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

Schedule of No-Lapse Premiums

The single premium no-lapse premium due on the contract date is [\$19,043.00].

The modal no-lapse premium due on the contract date and each subsequent [contract anniversary] up to the younger insured's attained age 121 is [\$1,028.00].

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

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

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
[32]	[0.00096]	[66]	[0.43050]
[33]	[0.00293]	[67]	[0.48487]
[34]	[0.00499]	[68]	[0.54901]
[35]	[0.00713]	[69]	[0.61525]
[36]	[0.00937]	[70]	[0.68878]
[37]	[0.01172]	[71]	[0.77147]
[38]	[0.01418]	[72]	[0.86371]
[39]	[0.01677]	[73]	[0.96784]
[40]	[0.01954]	[74]	[1.07477]
[41]	[0.02251]	[75]	[1.19538]
[42]	[0.02577]	[76]	[1.32909]
[43]	[0.02933]	[77]	[1.47729]
[44]	[0.03329]	[78]	[1.63823]
[45]	[0.03755]	[79]	[1.81091]
[46]	[0.04215]	[80]	[2.00999]
[47]	[0.04713]	[81]	[2.24184]
[48]	[0.05262]	[82]	[2.49206]
[49]	[0.05875]	[83]	[2.75855]
[50]	[0.06563]	[84]	[3.04820]
[51]	[0.07331]	[85]	[3.34381]
[52]	[0.08230]	[86]	[3.66984]
[53]	[0.09229]	[87]	[4.03522]
[54]	[0.10354]	[88]	[4.40521]
[55]	[0.11607]	[89]	[4.77120]
[56]	[0.13009]	[90]	[5.06328]
[57]	[0.14861]	[91]	[5.33802]
[58]	[0.16775]	[92]	[5.71659]
[59]	[0.18956]	[93]	[6.18686]
[60]	[0.21415]	[94]	[6.75318]
[61]	[0.24163]	[95]	[7.35719]
[62]	[0.27205]	[96]	[7.94187]
[63]	[0.30529]	[97]	[6.16117]
[64]	[0.34224]	[98]	[6.09215]
[65]	[0.38357]	[99]	[6.19481]

RIDER DATA CONTINUED ON NEXT PAGE

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

LAPSE PROTECTION RIDER DATA CONTINUED

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
[100]	[0.88067]	[111]	[0.88594]
[101]	[0.88120]	[112]	[0.88636]
[102]	[0.88173]	[113]	[0.88677]
[103]	[0.88224]	[114]	[0.88717]
[104]	[0.88274]	[115]	[0.88756]
[105]	[0.88323]	[116]	[0.88794]
[106]	[0.88370]	[117]	[0.88831]
[107]	[0.88417]	[118]	[0.88868]
[108]	[0.88463]	[119]	[0.88903]
[109]	[0.88508]	[120]	[0.88938]
[110]	[0.88551]		

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

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

RIDER DATA CONTINUED ON NEXT PAGE

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

LAPSE PROTECTION RIDER DATA CONTINUED

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

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

	Initial Rate	Ultimate Rate	Segment Allocation Amount
[Contract Date]	[12.65%]	[12.65%]	[\$1,092.46]
Changing on [AUG 1, 2019] to:	[7.65%]	[7.65%]	[\$1,092.46]

END OF RIDER DATA

SERFF Tracking Number: PRUD-126153353 State: Arkansas
 Filing Company: Pruco Life Insurance Company State Tracking Number: 42684
 Company Tracking Number: SULNT-2007-AR & PLI 488-2007 REPRICING FILING - JSAR
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
 Adjustable Life
 Product Name: SULNT-2007-AR & PLI 488-2007 Repricing Filing
 Project Name/Number: SULNT-2007-AR & PLI 488-2007 Repricing Filing/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Rule & Regulation 19		
Attachments: AR Cert of Compliance.pdf Arkansas Flesch Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Attached is the previously approved application, for informational purposes.		
Attachment: ORD 96200 Mary & John.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not Applicable For This Filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not Applicable For This Filing.		
Comments:		

	Item Status:	Status Date:

SERFF Tracking Number: PRUD-126153353 State: Arkansas
Filing Company: Pruco Life Insurance Company State Tracking Number: 42684
Company Tracking Number: SULNT-2007-AR & PLI 488-2007 REPRICING FILING - JSAR
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: SULNT-2007-AR & PLI 488-2007 Repricing Filing
Project Name/Number: SULNT-2007-AR & PLI 488-2007 Repricing Filing/

Satisfied - Item: Statement of Variability

Comments:

Attached is the Statement of Variability

Attachment:

STATEMENT OF VARIABILITY for SULNT-2007 Re-Pricing filing - 6-2-09.pdf

Item Status:

Status

Date:

Satisfied - Item: Prior Approved SULNT-2007-AR &
PLI 488- 2007 Forms

Comments:

Attached are the SULNT-2007-AR & PLI 488- 2007 for Informational Purposes Only. The only change in the repricing are in the contract data pages. There are no changes to any of the contract provisions in the approved forms.

Attachments:

SULNT-2007-AR.pdf

PLI 488-2007.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Pruco Life Insurance Company

Form Number(s): SULNT-2007-AR & PLI 488-2007

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

Signature of Company Officer

John Steiniger

Name

Assistant Vice President

Title

05/28/2009

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Pruco Life Insurance Company

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

Form Number	Score
SULNT-2007-AR	58.8
PLI 488-2007	49.0

Name: John Steiniger
Title: Assistant Vice President

6/17/09

Date

The Prudential Insurance Company of America
 Pruco Life Insurance Company, a subsidiary of
 The Prudential Insurance Company of America
 Corporate Offices, Newark, New Jersey

Part 1 Policy number _____

Check here if policy change.

**A About the
Primary
Proposed
Insured**

1. Name of primary proposed insured (or current insured person, if policy change)

 Mary Doe
 (First name, middle initial, last name)
2. Social Security number _____
 XXX XX XXXX
3. Sex female male
4. Marital status single married widowed separated divorced
5. Date of birth _____
 12 / 1 / 67
 month day year
6. Age _____
 35
7. State of birth (country if not U.S.) (Name of State) _____
8. Billing address _____
 123 Main Street
 (street, city, state, ZIP)

 Any City, Any State XXXXX
9. Home address _____
 (if different) (street, city, state, ZIP)

10. Home telephone number (XXX) XXX-XXXX _____
11. Business telephone number (XXX) XXX-XXXX _____
12. Current employer _____
 ABC Company
13. List all existing life insurance coverage. Check here if none.

Company	Amount	Year issued	Type of insurance	To be replaced?
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B All Other
Proposed
Insureds**
 (Include applicant if requesting Applicant's Waiver of Premium [AWP] Benefit)

Name (first, initial, last)	relationship to primary proposed insured	sex (F/M)	date of birth (M/D/Y)	age	state of birth (country if not U.S.)	total life insurance in all companies
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Part 1

I Background on Proposed Insureds

1. Has either the primary proposed insured or second proposed insured (if any) ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *(If Yes, provide date when last used and indicate all types of products.)* Yes No
- | | <i>Date (mo., yr.)</i> | <i>Product(s)</i> |
|--------------------------|------------------------|-------------------|
| Primary proposed insured | _____ | _____ |
| | _____ | _____ |
| Second proposed insured | _____ | _____ |
| | _____ | _____ |
2. What are the occupation and duties of the primary proposed insured? _____
Manager and Administrative duties
3. Within the last two years, has any proposed insured done or does he or she plan to do the following:
- a. operate or have any duties aboard an aircraft, glider, balloon or similar device? Yes No
(If Yes, complete Aviation Questionnaire.)
 - b. participate in hazardous sports, such as auto, motorcycle, snowmobile or powerboat competitions/exhibitions, scuba diving, mountain climbing, parachuting, skydiving or any other such sport or hobby? *(If Yes, complete Avocation Questionnaire.)* Yes No
4. Is any proposed insured applying for or requesting reinstatement or policy change(s) of any other life or health insurance policy? *(If Yes, provide insurance company, policy plan and amount.)* Yes No

5. Has any proposed insured been convicted of, or currently charged with, the commission of any criminal offense – other than the violation of a motor vehicle law – within the last 10 years? Yes No
(If Yes, provide details.) _____

6. a. Driver's license number and state of issue of primary proposed insured _____
XXXXX-XXXXX-XXXXX (Name of State) _____
- b. In the last three years, has any proposed insured
- (1) had a driver's license denied, suspended or revoked? Yes No
 - (2) been convicted of or cited for
 - (a) three or more moving violations? Yes No
 - (b) driving under the influence of alcohol or drugs? Yes No
 - (3) been involved as a driver in two or more auto accidents? Yes No
- (If Yes to any of the above, provide details, including type of violation, accident, or reason for denial, suspension or revocation.)* _____

7. Does any proposed insured plan to live or travel outside the United States or Canada within the next 12 months? *(If Yes, list countries and purpose and duration of each trip.)* Yes No

J Additional Coverage

Complete only if this is an application for additional coverage on a person already covered by a Prudential or Pruco policy with an application date within three months of the date of this application.

To the best of your knowledge, has the health or the mental or physical condition of any person proposed for insurance changed since the answers and statements were given in the application included in policy number _____? Yes No

(If Yes, complete the appropriate Part 2 Medical Information section.)

K Changes

Changes made by the Company (not applicable in New Mexico or West Virginia)

Physician Information

Primary proposed insured

Physician last consulted

Name Dr. William Smith

Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX

Telephone number (XXX) XXX-XXXX Date last seen 10 / 30 / 2001
month day year

Reason last seen Cold

Primary physician

Name Dr. William Smith

Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX

Telephone number (XXX) XXX-XXXX Date last seen 10 / 30 / 2001
month day year

Reason last seen Cold

Second proposed insured or applicant for Applicant's Waiver of Premium (AWP)

Physician last consulted

Name _____

Address _____
(street, city, state, ZIP)

Telephone number () _____ Date last seen ____ / ____ / ____
month day year

Reason last seen _____

Primary physician

Name _____

Address _____
(street, city, state, ZIP)

Telephone number () _____ Date last seen ____ / ____ / ____
month day year

Reason last seen _____

Physical Measurements

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

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

1. Family record		Current age or age at death	Year and cause of death	Current age or age at death	Year and cause of death
Father		65		Mother	65
Brother		30		Sister	25
Brother				Sister	
Brother				Sister	

2. Has anyone proposed for coverage been diagnosed with or treated by a member of the medical profession for
 - a. chest pain or any disorder of the heart or blood vessels? Yes No
 - b. high blood pressure? Yes No
 - c. cancer, tumor, leukemia, melanoma or lymphoma? Yes No
 - d. diabetes or high blood sugar? Yes No
 - e. mental or psychiatric illness? Yes No
 - f. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? **(Maine:** this question may be answered No if an individual has tested HIV positive and does not have symptoms of the disease AIDS such as dry coughs, skin lesions, weakness, fatigue, weight loss or loss of appetite.) Yes No
 - g. infection caused by the Human Immunodeficiency Virus (HIV)? **(Not applicable in California, Connecticut and Maine. Wisconsin:** AIDS virus HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.) Yes No
 - h. any sexually transmitted diseases? Yes No
 - i. asthma or any disorder of the lungs? Yes No
 - j. any disorder of the brain or nervous system? Yes No
 - k. hepatitis or any disorder of the liver, stomach or intestines? Yes No
 - l. any disorder of the kidney or urinary tract? Yes No
3. Is anyone proposed for coverage currently taking prescription medication? Yes No
4. Other than above, has anyone proposed for coverage
 - a. been a patient in a hospital or other medical facility? Yes No
 - b. in the last five years, had or been advised to have surgery, medical tests (other than HIV) or diagnostic procedures such as ECGs, stress tests, X-rays, blood tests, urine tests, etc.? Yes No
5. Has anyone proposed for coverage
 - a. used, or is he or she now using, cocaine, amphetamines, marijuana, heroin or other drugs, except as prescribed by a member of the medical profession? Yes No
 - b. had or been advised to have treatment or counseling for alcohol or drug use? Yes No
6. Does anyone proposed for coverage have any disease, disorder or condition not previously mentioned? Yes No
7. Has anyone proposed for coverage had life or health insurance declined, postponed or issued with an increased premium? **(Missouri:** this question may be answered No if an individual has been declined for coverage.) Yes No
8. Is anyone proposed for coverage currently unable to perform his or her normal daily activities or all normal occupational duties on a full-time basis at the customary place of employment? Yes No
9. Has anyone proposed for coverage requested or received disability or compensation benefits? Yes No

(continued on next page)

Terms and Conditions

The words "I" and "my" refer to the primary proposed insured and policyowner or applicant, if other than the primary proposed insured. The word "Company" refers to the company checked at the beginning of this application.

Unless I have specified a policy date or special payment plan (e.g., government allotment, payroll budget) in this application, I understand that if the initial premium is not paid with this request for coverage, the policy will become effective when all of the following conditions are met:

- the policy is issued, delivered and I accept it,
- the health of all persons proposed for insurance remains as stated in the application and
- the first premium is paid in full and the check or other form of payment is good and can be collected.

If the Company enters any change in section J, I approve the change by accepting the policy unless the law requires written consent to changes. No Company representative can make or change a policy, or waive any of the Company's rights or requirements.

The Company will pay the beneficiary named in the application (or in the policy if requesting a policy change and no beneficiary has been named in the application) any applicable insurance benefit either at the death of the primary insured or at the death of an insured child after the death of the primary insured if there is no insured spouse.

For policy changes, the existing policyowner and beneficiary designation will be used unless a new policyowner or beneficiary designation is provided in this application.

The policyowner is either the primary proposed insured or the applicant unless a different policyowner is named in the application. This is subject to any provisions for the automatic transfer of ownership stated in the policy.

If joint policyowners are named, in the event of the death of one policyowner, the survivor(s) shall be the policyowner(s), unless otherwise specified.

Signatures

I certify, affirm and understand the following:

- To the best of my knowledge and belief, the statements in this application, as well as any forms that the Company designates to be part of the application and that are attached to the policy, are complete, true and correctly recorded.
- Except for failure to pay premium or fraud, the Company will not contest the validity of this policy or change request after it has been in force during the insured's lifetime for two years from the date it takes effect.
- I will inform the Company of any changes in my or any proposed insured's health, mental or physical condition, or of any changes to any answers on this application, prior to or upon delivery of this policy.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the brochure (ORD 87246).
- I have received and read the Terms and Conditions shown above and the Important Notice About Your Application for Insurance.
- I believe this policy meets my insurance needs and financial objectives. For a variable product: I acknowledge receipt of a current prospectus for the policy. I understand that the policy's value and death benefit may vary depending on the policy's investment experience.
- My original signature has been affixed to this application, the original application will be retained by the Company and I will receive a copy identical in form and substance to the original, attached to my policy.

(continued on next page)

Signatures (continued)

• **Not applicable in Arizona and Oklahoma:**

Any person who knowingly and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company:

- may have committed fraud, or may have violated state law,
- **Arkansas, District of Columbia, Hawaii, Louisiana, Maine, New Mexico, Tennessee** and **Virginia:** may be subject to fines, denial of insurance benefits, or confinement in prison,
- **Colorado:** penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Signed at (Name of City, State) _____ on 1 / 1 / 2003
(city, state) month day year

*Signature of primary proposed insured, if age 8 or over,
or of currently insured person, if policy change*

X John Doe

*Signature of spouse (applicable in
South Carolina, if proposed for coverage.)*

X _____

*Signature of policyowner (if different from the primary proposed
insured) or of existing policyowner if a policy change. If the
policyowner is a firm or corporation, give that company's name
and have an officer sign below.*

X _____

Signature and title of officer of firm or corporation

X _____

*Signature of applicant, if different from primary proposed insured
or policyowner*

X _____

*Signature of beneficiary, if policy change and rights
are limited*

X _____

*Signature of witness
(Licensed Writing Representative must witness.)*

X Richard Roe

Licensed Writing Representative's Certification

Do you have any information, other than that stated in this application, which indicates that any proposed insured may replace or change any current insurance or annuity in any company?

Yes No

Signature of Writing Representative

X Richard Roe

The Prudential Insurance Company of America
 Pruco Life Insurance Company, a subsidiary of
 The Prudential Insurance Company of America
 Corporate Offices, Newark, New Jersey

Part 1 Policy number _____

Check here if policy change.

A About the Primary Proposed Insured

- Name of primary proposed insured (or current insured person, if policy change)

 John Doe
 (First name, middle initial, last name)
- Social Security number _____
 XXX XX XXXX
- Sex female male
- Marital status single married widowed separated divorced
- Date of birth _____
 12 / 1 / 67
 month day year
- Age _____
 35
- State of birth (country if not U.S.) (Name of State) _____
- Billing address _____
 123 Main Street
 (street, city, state, ZIP)

 Any City, Any State XXXXX
- Home address _____
 (if different) (street, city, state, ZIP)

- Home telephone number (XXX) XXX-XXXX _____
- Business telephone number (XXX) XXX-XXXX _____
- Current employer _____
 ABC Company
- List all existing life insurance coverage. Check here if none.

Company	Amount	Year issued	Type of insurance	To be replaced?
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No

B All Other Proposed Insureds

Name (first, initial, last)	relationship to primary proposed insured	sex (F/M)	date of birth (M/D/Y)	age	state of birth (country if not U.S.)	total life insurance in all companies
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(Include applicant if requesting Applicant's Waiver of Premium [AWP] Benefit)

Part 1

I Background on Proposed Insureds

1. Has either the primary proposed insured or second proposed insured (if any) ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *(If Yes, provide date when last used and indicate all types of products.)* Yes No

	<i>Date (mo., yr.)</i>	<i>Product(s)</i>
Primary proposed insured	_____	_____
	_____	_____
Second proposed insured	_____	_____
	_____	_____

2. What are the occupation and duties of the primary proposed insured? _____
Manager and Administrative duties

3. Within the last two years, has any proposed insured done or does he or she plan to do the following:

a. operate or have any duties aboard an aircraft, glider, balloon or similar device? Yes No
(If Yes, complete Aviation Questionnaire.)

b. participate in hazardous sports, such as auto, motorcycle, snowmobile or powerboat competitions/exhibitions, scuba diving, mountain climbing, parachuting, skydiving or any other such sport or hobby? *(If Yes, complete Avocation Questionnaire.)* Yes No

4. Is any proposed insured applying for or requesting reinstatement or policy change(s) of any other life or health insurance policy? *(If Yes, provide insurance company, policy plan and amount.)* Yes No

5. Has any proposed insured been convicted of, or currently charged with, the commission of any criminal offense – other than the violation of a motor vehicle law – within the last 10 years? Yes No
(If Yes, provide details.) _____

6. a. Driver's license number and state of issue of primary proposed insured _____
XXXXX-XXXXX-XXXXX (Name of State) _____

b. In the last three years, has any proposed insured

(1) had a driver's license denied, suspended or revoked? Yes No

(2) been convicted of or cited for

(a) three or more moving violations? Yes No

(b) driving under the influence of alcohol or drugs? Yes No

(3) been involved as a driver in two or more auto accidents? Yes No

(If Yes to any of the above, provide details, including type of violation, accident, or reason for denial, suspension or revocation.) _____

7. Does any proposed insured plan to live or travel outside the United States or Canada within the next 12 months? *(If Yes, list countries and purpose and duration of each trip.)* Yes No

J Additional Coverage

Complete only if this is an application for additional coverage on a person already covered by a Prudential or Pruco policy with an application date within three months of the date of this application.

To the best of your knowledge, has the health or the mental or physical condition of any person proposed for insurance changed since the answers and statements were given in the application included in policy number _____? Yes No
(If Yes, complete the appropriate Part 2 Medical Information section.)

K Changes

Changes made by the Company (not applicable in New Mexico or West Virginia)

Physician Information

Primary proposed insured

Physician last consulted

Name Dr. William Smith

Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX

Telephone number (XXX) XXX-XXXX Date last seen 10 / 30 / 2001
month day year

Reason last seen Cold

Primary physician

Name Dr. William Smith

Address 23 Main Street
(street, city, state, ZIP)
Any City, Any State XXXXX

Telephone number (XXX) XXX-XXXX Date last seen 10 / 30 / 2001
month day year

Reason last seen Cold

Second proposed insured or applicant for Applicant's Waiver of Premium (AWP)

Physician last consulted

Name _____

Address _____
(street, city, state, ZIP)

Telephone number () _____ Date last seen ____ / ____ / ____
month day year

Reason last seen _____

Primary physician

Name _____

Address _____
(street, city, state, ZIP)

Telephone number () _____ Date last seen ____ / ____ / ____
month day year

Reason last seen _____

Physical Measurements

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

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

1. Family record					
	Current age or age at death	Year and cause of death		Current age or age at death	Year and cause of death
Father	65		Mother	65	
Brother	30		Sister	25	
Brother			Sister		
Brother			Sister		

2. Has anyone proposed for coverage been diagnosed with or treated by a member of the medical profession for
 - a. chest pain or any disorder of the heart or blood vessels? Yes No
 - b. high blood pressure? Yes No
 - c. cancer, tumor, leukemia, melanoma or lymphoma? Yes No
 - d. diabetes or high blood sugar? Yes No
 - e. mental or psychiatric illness? Yes No
 - f. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? **(Maine:** this question may be answered No if an individual has tested HIV positive and does not have symptoms of the disease AIDS such as dry coughs, skin lesions, weakness, fatigue, weight loss or loss of appetite.) Yes No
 - g. infection caused by the Human Immunodeficiency Virus (HIV)? **(Not applicable in California, Connecticut and Maine. Wisconsin:** AIDS virus HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.) Yes No
 - h. any sexually transmitted diseases? Yes No
 - i. asthma or any disorder of the lungs? Yes No
 - j. any disorder of the brain or nervous system? Yes No
 - k. hepatitis or any disorder of the liver, stomach or intestines? Yes No
 - l. any disorder of the kidney or urinary tract? Yes No
3. Is anyone proposed for coverage currently taking prescription medication? Yes No
4. Other than above, has anyone proposed for coverage
 - a. been a patient in a hospital or other medical facility? Yes No
 - b. in the last five years, had or been advised to have surgery, medical tests (other than HIV) or diagnostic procedures such as ECGs, stress tests, X-rays, blood tests, urine tests, etc.? Yes No
5. Has anyone proposed for coverage
 - a. used, or is he or she now using, cocaine, amphetamines, marijuana, heroin or other drugs, except as prescribed by a member of the medical profession? Yes No
 - b. had or been advised to have treatment or counseling for alcohol or drug use? Yes No
6. Does anyone proposed for coverage have any disease, disorder or condition not previously mentioned? Yes No
7. Has anyone proposed for coverage had life or health insurance declined, postponed or issued with an increased premium? **(Missouri:** this question may be answered No if an individual has been declined for coverage.) Yes No
8. Is anyone proposed for coverage currently unable to perform his or her normal daily activities or all normal occupational duties on a full-time basis at the customary place of employment? Yes No
9. Has anyone proposed for coverage requested or received disability or compensation benefits? Yes No

(continued on next page)

Terms and Conditions

The words "I" and "my" refer to the primary proposed insured and policyowner or applicant, if other than the primary proposed insured. The word "Company" refers to the company checked at the beginning of this application.

Unless I have specified a policy date or special payment plan (e.g., government allotment, payroll budget) in this application, I understand that if the initial premium is not paid with this request for coverage, the policy will become effective when all of the following conditions are met:

- the policy is issued, delivered and I accept it,
- the health of all persons proposed for insurance remains as stated in the application and
- the first premium is paid in full and the check or other form of payment is good and can be collected.

If the Company enters any change in section J, I approve the change by accepting the policy unless the law requires written consent to changes. No Company representative can make or change a policy, or waive any of the Company's rights or requirements.

The Company will pay the beneficiary named in the application (or in the policy if requesting a policy change and no beneficiary has been named in the application) any applicable insurance benefit either at the death of the primary insured or at the death of an insured child after the death of the primary insured if there is no insured spouse.

For policy changes, the existing policyowner and beneficiary designation will be used unless a new policyowner or beneficiary designation is provided in this application.

The policyowner is either the primary proposed insured or the applicant unless a different policyowner is named in the application. This is subject to any provisions for the automatic transfer of ownership stated in the policy.

If joint policyowners are named, in the event of the death of one policyowner, the survivor(s) shall be the policyowner(s), unless otherwise specified.

Signatures

I certify, affirm and understand the following:

- To the best of my knowledge and belief, the statements in this application, as well as any forms that the Company designates to be part of the application and that are attached to the policy, are complete, true and correctly recorded.
- Except for failure to pay premium or fraud, the Company will not contest the validity of this policy or change request after it has been in force during the insured's lifetime for two years from the date it takes effect.
- I will inform the Company of any changes in my or any proposed insured's health, mental or physical condition, or of any changes to any answers on this application, prior to or upon delivery of this policy.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the brochure (ORD 87246).
- I have received and read the Terms and Conditions shown above and the Important Notice About Your Application for Insurance.
- I believe this policy meets my insurance needs and financial objectives. For a variable product: I acknowledge receipt of a current prospectus for the policy. I understand that the policy's value and death benefit may vary depending on the policy's investment experience.
- My original signature has been affixed to this application, the original application will be retained by the Company and I will receive a copy identical in form and substance to the original, attached to my policy.

(continued on next page)

Signatures (continued)

• **Not applicable in Arizona and Oklahoma:**

Any person who knowingly and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company:

- may have committed fraud, or may have violated state law,
- **Arkansas, District of Columbia, Hawaii, Louisiana, Maine, New Mexico, Tennessee** and **Virginia:** may be subject to fines, denial of insurance benefits, or confinement in prison,
- **Colorado:** penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Signed at (Name of City, State) _____ on 1 / 1 / 2003
(city, state) month day year

*Signature of primary proposed insured, if age 8 or over,
or of currently insured person, if policy change*

X John Doe

*Signature of spouse (applicable in
South Carolina, if proposed for coverage.)*

X _____

*Signature of policyowner (if different from the primary proposed
insured) or of existing policyowner if a policy change. If the
policyowner is a firm or corporation, give that company's name
and have an officer sign below.*

X _____

Signature and title of officer of firm or corporation

X _____

*Signature of applicant, if different from primary proposed insured
or policyowner*

X _____

*Signature of beneficiary, if policy change and rights
are limited*

X _____

*Signature of witness
(Licensed Writing Representative must witness.)*

X Richard Roe

Licensed Writing Representative's Certification

Do you have any information, other than that stated in this application, which indicates that any proposed insured may replace or change any current insurance or annuity in any company?

Yes No

Signature of Writing Representative

X Richard Roe

STATEMENT OF VARIABILITY
Insert Contract Data Pages with Re-Priced Rates
Forms SULNT-2007 and PLI 488-2007
Updated June 2, 2009

Variable and illustrative material in the enclosed policy and rider data pages has been bracketed.

1. The insured's information in the specimen policy is for John Doe, male and Mary Doe, female. The Issue Age for the specimen policy is 35 for the male and 32 for the female. The minimum Issue Age for this policy is 18 and the maximum Issue Age is 90.
2. Policy number will be uniquely assigned and vary for all contracts issued. Contract date can vary for each contract issued.
3. Processing Date can also vary for each contract issued, and would be updated for any contract data pages printed in post-issue processing.
4. The beneficiary in the specimen policy is Jane Doe, daughter. The beneficiary name and class will vary based on the beneficiary selected by the owner.
5. Type of Death Benefit for the specimen policy is Type A. The Type of Death Benefit could vary if the owner selects Type B.
6. The Basic Insurance Amount for the specimen policy is \$250,000. This amount can vary based on the amount selected by the owner. The minimum Basic Insurance Amount for this policy is \$250,000. The maximum Basic Amount can vary based on the Company retention limit and any reinsurance.
7. The minimum initial premium due on the contract date for the specimen policy is \$138.58. This amount can vary based on the insureds' age, sex, rating class, and basic insurance amount.
8. For the specimen policy, the monthly charge for administrative expenses is up to \$0.15 per \$1,000 on the basic insurance amount plus \$20.00. For other policies, the monthly charges for administrative expenses can vary based on the insureds' sex, issue age and rating class.
9. The Schedule of Surrender charges for the specimen policy is for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class for a basic insurance amount of \$250,000. For other policies, the schedule of surrender charges can vary based on the insureds' sex, issue age, rating class, and basic insurance amount. The variable date shown as <the contract date> on page 3C is to signify this as a variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional schedule would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as "the contract date".
10. In the Segment Table page, the Effective Date is shown as the Contract Date. The Effective Date for other added segments will vary based on the date of the requested change. The Basic

Insurance Amount for the segment effective on the contract date is \$250,000. This amount can vary based on the amount selected by the owner. The minimum Basic Insurance Amount for this policy is \$250,000. The maximum Basic Amount can vary based on the Company retention limit and any reinsurance. The minimum increase in Basic Insurance Amount is \$50,000. The issue age for the segment effective on the contract date is 35 for Insured (1) and 32 for Insured (2). The issue age for the segment effective on the contract date can vary based on the minimum (18) and maximum issue age (90) for this policy. The issue age for segments effective after the contract date can vary depending on the Insured's issue age at that time. The RC (rating class) for the segment effective on the contract date is Nonsmoker for Insured (1) and Nonsmoker for Insured (2). This can vary based on the rating class determined by our underwriting. The other current rating class names include Preferred Best, Preferred Non-Tobacco, Nonsmoker Plus, Preferred Smoker, or Smoker. The Surrender Charge Threshold for the segment effective on the contract date is \$250,000. This amount can vary depending on the Basic Insurance Amount.

11. The Table of Maximum Monthly Insurance Rates for the specimen policy is for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class. For other policies, the Table of Maximum Monthly Insurance Rates can vary based on the insureds' sex, issue age, and rating class.

12. The Table of Attained Age Factors for the specimen policy is for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class. For other policies, the Table of Attained Age Factors can vary based on the insured's sex, attained age, and rating class.

13. Lapse Protection Rider Data

The monthly charges for administrative expenses can vary based on the insured's sex, issue age and rating class. The changing on dates will vary based on the contract date. For the specimen rider, the monthly charge for administrative expenses is \$0.15 per \$1,000 of the basic insurance amount plus \$20.00, changing after the 2nd year to \$0.15 per \$1,000 of the basic insurance amount plus \$8.00, and changing after the 5th year to \$0.00 per \$1,000 of the basic insurance amount plus \$8.00 thereafter.

14. Schedule of No-Lapse Premiums

The Schedule of No-Lapse Premiums can vary based on the insureds' sex, issue age, and rating class. The Schedule of No-Lapse Premiums for the specimen policy is for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class for the basic insurance amount effective on the contract date.

A. Single Premium No-Lapse Premium

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

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

where \$[19,043.00] is no-lapse premium for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class specimen policy

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

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

B. Modal Premium No-Lapse Premium

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

“The modal no-lapse premium due on the contract date and each subsequent [monthly date][contract anniversary] up to the younger insured's attained age 121 is \$[xxx.xx].”

where \$[1,028.00] is the no-lapse premium for annual mode for a male age 35 Nonsmoker rating class and female age 32 Nonsmoker rating class specimen policy.

This statement would not emit for monthly mode for the specimen policy since the monthly no-lapse premium would be less than the Minimum Initial Premium.

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

“The modal no-lapse premium due on the contract date and each subsequent [three][six] month period up to the younger insured's attained age 121 is \$[xxx.xx].”

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

“The modal no-lapse premium due on the contract date is \$[xxx.xx]. The modal no-lapse premium due on each subsequent monthly date up to the younger insured's attained age 121 is \$[zzz.zz].”

15. The Table of No-Lapse Monthly Insurance Rates can vary based on the insureds' sex, issue age, rating class, and segment effective date. The Table of No-Lapse Monthly Insurance Rates for the specimen rider is for a male, age 35, Nonsmoker rating class and female, age 32 Nonsmoker rating class for the basic insurance amount effective on the contract date. The variable date shown as (the contract date) or (MMM DD, YYYY) is to signify this as variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional table of No-Lapse Monthly Insurance Rates would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as “the contract date”.

16. The Segment Allocation Amount in the No-Lapse Charge for Sales Expenses Rate Table can vary based on the insureds' sex, issue age, rating class, and segment effective date. The initial and ultimate rates and changing on dates will vary based on the contract date. The initial and ultimate rates are 12.65% on the contract date, changing to 7.65% in the 10th year. The variable date shown as (the contract date) or (MMM DD, YYYY) is to signify this as variable only for post-issue changes that involve an additional segment resulting from an increase in basic insurance amount where an additional table of No-Lapse Monthly Insurance Rates would be produced to show the date as the segment effective date. For at-issue processing, this will always be shown as "the contract date".

Insured JOHN DOE
Insured MARY DOE

XX XXX XXX **Policy Number**
SEP 1, 2007 **Contract Date**

Agency R-NK 1

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

We will promptly pay the beneficiary the death benefit described under the Death Benefit provision of this contract if we receive due proof that both Insured's died (but proof of first death must be given to us when it occurs). We make this promise subject to all the provisions of this contract.

The amount and duration of the death benefit may be fixed or variable, depending on the payment of premiums, any interest credited to the contract fund, and the charges made.

The cash value may increase or decrease daily, depending on the payment of premiums, any interest credited to the contract fund, and the charges made. There is no guaranteed minimum cash value.

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

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

Signed for Pruco Life Insurance Company,
an Arizona Corporation.


Secretary


President

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

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

CONTRACT DATA

Insureds' Information

(1) [JOHN DOE] [Male], Issue Age [35]
(2) [MARY DOE] [Female], Issue Age [32]

Rating Class

(See Segment Table on Page 4)

Basic Contract Information

Policy Number [xx xxx xxx]
Contract Date [September 1, 2007]
Premium Period During the life of either Insured up to the younger Insured's attained age 121
Beneficiary [Jane Doe, daughter]

Loan Interest Rate 4.00%
Preferred Loan Interest Rate 3.25%

Type of Death Benefit (see Death Benefit Provisions)

[Type A]

Survivorship Insurance

Basic Insurance Amount [\$250,000.00]

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

Minimum Initial Premium

The minimum initial premium due on the Contract Date is [\$135.69].

Contract Limitations

The minimum premium we will accept is \$25.00.

The minimum Basic Insurance Amount is \$250,000.00.

The minimum increase in Basic Insurance Amount is \$50,000.00.

The minimum decrease in Basic Insurance Amount is \$10,000.00.

The minimum amount you may withdraw is \$250.00.

Adjustments to Premium Payments

From each premium paid we will:

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

subtract a charge for sales expenses at a rate of up to 12% of the premium paid.

The remainder of the premium is the invested premium amount.

Adjustments to the Contract Fund

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

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

adding any invested premium amounts.

adding guaranteed interest at an effective annual rate of 3% (0.00809863% a day).

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

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

adding any additional excess interest. Additional excess interest at an effective annual rate of not more than 0.35% may be credited to policies in force at least 20 years. The additional excess interest is a result of a reduction in the interest margin for profit and expenses. The guaranteed interest rate will not be increased.

subtracting any withdrawals.

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

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

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

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

subtracting a monthly charge for administrative expenses for the basic insurance amount effective on the contract date of up to:
\$0.15 per \$1,000 of the basic insurance amount plus \$20.00.

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

Schedule of Maximum Surrender Charges

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

For a Surrender Occurring During Target Year	The Maximum Surrender Charge is:
1	[\$1103.94]
2	[\$1015.62]
3	[\$927.31]
4	[\$838.99]
5	[\$750.68]

CONTRACT DATA CONTINUED ON NEXT PAGE

CONTRACT DATA CONTINUED

For a Surrender Occurring During Target Year	The Maximum Surrender Charge is:
6	[\$662.36]
7	[\$618.21]
8	[\$574.05]
9	[\$529.89]
10	[\$485.73]
11	[\$441.58]
12	[\$397.42]
13	[\$353.26]
14	[\$309.10]
15	[\$264.95]
16	[\$220.79]
17	[\$176.63]
18	[\$132.47]
19	[\$88.32]
20	[\$44.16]
21 and later	[\$0.00]

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

END OF CONTRACT DATA

TABLE(S)

Segment Table

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

<u>Effective Date</u>	<u>Segment, Issue Age, & Rating Class (RC)</u>	<u>Surrender Charge Threshold</u>
Contract Date	\$250,000.00 Basic Insurance Amount Insured (1) Issue Age 35 RC = Nonsmoker Insured (2) Issue Age 32 RC = Nonsmoker	\$250,000.00

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

**Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk
 Segment Effective on (Contract Date)**

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
32	[0.00007]	66	[0.39803]
33	[0.00022]	67	[0.46764]
34	[0.00041]	68	[0.55140]
35	[0.00063]	69	[0.65078]
36	[0.00090]	70	[0.76548]
37	[0.00122]	71	[0.89881]
38	[0.00158]	72	[1.05221]
39	[0.00203]	73	[1.22993]
40	[0.00259]	74	[1.43851]
41	[0.00326]	75	[1.68214]
42	[0.00407]	76	[1.96215]
43	[0.00504]	77	[2.28284]
44	[0.00616]	78	[2.64297]
45	[0.00742]	79	[3.04196]
46	[0.00897]	80	[3.50858]
47	[0.01092]	81	[4.05876]
48	[0.01335]	82	[4.66586]
49	[0.01638]	83	[5.32465]
50	[0.02013]	84	[6.04890]
51	[0.02492]	85	[6.79860]
52	[0.03085]	86	[7.62805]
53	[0.03790]	87	[8.56497]
54	[0.04607]	88	[9.52949]
55	[0.05577]	89	[10.49307]
56	[0.06753]	90	[11.26502]
57	[0.08186]	91	[11.98273]
58	[0.09933]	92	[12.99436]
59	[0.12026]	93	[14.29724]
60	[0.14500]	94	[15.91324]
61	[0.17395]	95	[17.68805]
62	[0.20735]	96	[19.45656]
63	[0.24532]	97	[20.61958]
64	[0.28897]	98	[21.24013]
65	[0.33933]	99	[22.51165]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
100	[24.18021]	111	[52.16212]
101	[26.01147]	112	[54.83493]
102	[28.04753]	113	[57.58154]
103	[30.28969]	114	[61.02036]
104	[32.74987]	115	[64.29251]
105	[35.36323]	116	[67.73000]
106	[38.04883]	117	[71.60494]
107	[40.78698]	118	[76.75439]
108	[43.57826]	119	[83.33333]
109	[46.46687]	120	[83.33333]
110	[49.36563]		

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

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

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

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

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Table of Attained Age Factors

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

These factors apply during each contract year.

Contract Year	Factors	Contract Year	Factors
1	[8.73]	31	[2.87]
2	[8.40]	32	[2.77]
3	[8.08]	33	[2.68]
4	[7.78]	34	[2.59]
5	[7.49]	35	[2.50]
6	[7.20]	36	[2.42]
7	[6.93]	37	[2.34]
8	[6.67]	39	[2.27]
9	[6.42]	39	[2.20]
10	[6.18]	40	[2.13]
11	[5.95]	41	[2.07]
12	[5.73]	42	[2.00]
13	[5.52]	43	[1.94]
14	[5.31]	44	[1.89]
15	[5.11]	45	[1.83]
16	[4.92]	46	[1.78]
17	[4.74]	47	[1.73]
18	[4.57]	48	[1.69]
19	[4.40]	49	[1.64]
20	[4.24]	50	[1.60]
21	[4.09]	51	[1.56]
22	[3.94]	52	[1.52]
23	[3.80]	53	[1.49]
24	[3.66]	54	[1.45]
25	[3.54]	55	[1.42]
26	[3.41]	56	[1.39]
27	[3.29]	57	[1.37]
28	[3.18]	58	[1.34]
29	[3.07]	59	[1.32]
30	[2.97]	60	[1.30]

TABLE(S) CONTINUED ON NEXT PAGE

TABLE(S) CONTINUED

Contract Year	Factors	Contract Year	Factors
61	[1.27]	75	[1.09]
62	[1.25]	76	[1.09]
63	[1.23]	77	[1.08]
64	[1.22]	78	[1.07]
65	[1.20]	79	[1.07]
66	[1.19]	80	[1.06]
67	[1.18]	81	[1.06]
68	[1.17]	82	[1.05]
69	[1.15]	83	[1.05]
70	[1.14]	84	[1.04]
71	[1.13]	85	[1.04]
72	[1.12]	86	[1.04]
73	[1.11]	87	[1.03]
74	[1.10]	88	[1.03]

END OF TABLE(S)

DEFINITIONS

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

You and **Your**. – The owner(s) of the contract.

Insured. - A person named as an Insured on the first page. He or she need not be the owner.

Issue Date. - The contract date shown on the first page.

Anniversary or **contract anniversary**. - The same day and month as the contract date in each later year.

Contract Year. - A year that starts on the contract date or on an anniversary.

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

Contract Month. - A month that starts on a monthly date.

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

THE CONTRACT

Entire Contract This policy and any attached copy of an application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

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

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

OWNERSHIP

Unless a different owner is named in the application, the owner(s) of the contract are the Insureds jointly or the survivor of them. If a different owner is named, we will show that owner in an endorsement to the contract. If this contract is owned jointly, the exercise of rights under this contract must be made by both jointly. This ownership arrangement will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change, and it will take effect as of the date you signed the request.

While either of the Insureds is living, the owner(s) alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

DEATH BENEFIT PROVISIONS

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

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

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

If the second death occurs past the grace period, no death benefit is payable.

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

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

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

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

Additional Death Benefits This contract may provide additional benefits, which may be payable on either the first or second death. If it does, they will be listed on a contract data page, and a form describing the benefit will be included in this contract. Any such benefit will be payable only if the contract is not in default past the grace period at the time of the death.

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

Suicide Exclusion If either Insured, whether sane or insane, dies by suicide within two years from the Issue Date, this contract will end and we will return the premiums paid. If there is a surviving Insured, we will make a new contract available on the life of that Insured. The issue age, Contract Date and the Insured's underwriting classification will be the same as they are in this contract. The amount of coverage will be the lesser of (1) this contract's Basic Insurance Amount, and (2) the maximum amount allowed by our rules in use on the Contract Date for contracts covering a single life. The new contract will not take effect unless all premiums due since the Contract Date are paid to us within 31 days after we notify you of the availability of the new contract. We will set the premiums for the new contract in accordance with our rules in use on the Contract Date.

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

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

Simultaneous Death If both Insureds die while this contract is in force and we find there is a lack of sufficient evidence that they died other than simultaneously, we will assume that the older Insured died first.

CHANGE IN BASIC INSURANCE AMOUNT

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

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

Surrender Charge on Decreases

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

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

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

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

COST OF INSURANCE

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

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

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

CHANGING THE TYPE OF DEATH BENEFIT

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

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

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

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

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

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

BENEFICIARY

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change and it will take effect as of the date you signed the request. But if we make any payment(s) before we receive the request, we will not have to make the payment(s) again. Any beneficiary's interest is subject to the rights of any assignee we know of. If a beneficiary has not been designated, or no beneficiary has survived the last Insured to die, the death benefit will be paid in one sum to the owner of this contract.

Before we make a payment, we have the right to decide what proof we need of the identity, age, or other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

PREMIUM PAYMENT

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

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

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

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

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

CONTRACT FUND

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

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

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

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

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

DEFAULT

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

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

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

REINSTATEMENT

If this contract ends without value, as described under Default, you may reinstate it if both Insureds are alive or if one Insured is alive and the contract ended without value after the death of the other Insured. The following conditions must be satisfied:

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

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

SURRENDER

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

We will usually pay any net cash value within seven days after we receive your request and the contract (if we require it) at our Home Office. But we have the right to postpone paying it for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

WITHDRAWALS

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

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

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

Effect on Contract Fund

We will reduce your contract fund on the date we approve your request by the withdrawal amount and any charges listed under Adjustments to the Contract Fund.

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

Effect on Basic Insurance Amount

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

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

We will usually pay any withdrawal amount within seven days after we receive your request and the contract (if we require it) at our Home Office. But we have the right to postpone paying it for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

LOANS

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

Loan Value If the contract is not in default, the loan value at any time is equal to the cash value.

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

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

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

If there is already contract debt when you borrow from us, we will add the new amount you borrow to that debt.

Interest Charge We will charge interest daily on any loan. Interest is due on each contract anniversary, or when the loan is paid back, whichever comes first. If interest is not paid when due, it becomes part of the loan. Then we start to charge interest on it, too. Except as stated below, we charge interest at an effective annual rate shown under Loan Interest Rate in the contract data pages.

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

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

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

GENERAL PROVISIONS

Annual Report	Once each contract year we will send you, without charge, a report. It will show: the current death benefit; the amount of the contract fund; the cash value; any contract debt and the interest rate we are charging; premiums paid, interest credited, charges deducted, and withdrawals taken since the last report. You may request a similar report at some other time during the year. We have the right to charge up to \$25.00 for such reports. The report may also show any other data that may be required where this contract is delivered.
Payment of Death Claim	If we settle this contract in one sum as a death claim we will usually pay the proceeds within seven days after we receive at our Home Office proof of the death of both Insureds and any other information we need to pay the claim. But we have the right to postpone paying it for up to six months.
Currency	Any money we pay, or that is paid to us, must be in United States currency. Any amount we owe will be payable at our Corporate Office.
Misstatement of Age or Sex	If an Insured's stated age or sex or both are not correct, we will change each benefit and any amount to be paid to what the most recent deductions from the contract fund would have provided at that Insured's correct age and sex.
Assignment	We will not be deemed to know of an assignment unless we receive it, or a copy of it, at our Home Office. We are not obliged to see that an assignment is valid or sufficient. This contract may not be assigned to any employee benefit plan or program without our consent. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance.
Change in Plan	You may be able to have this contract changed to another plan of life insurance. Any change may be made only if we consent, and will be subject to conditions and charges that are then determined.
Factors Subject To Change	Charges deducted from premium payments and the contract fund may change from time to time, subject to the maximums shown in the contract data pages. In deciding whether to change any of these charges, we will periodically consider factors such as mortality, persistency, expenses, taxes and interest and/or investment experience to see if a change in our assumptions is needed. Changes in factors will be by class. All changes will be determined only prospectively; that is, we will not recoup prior losses or distribute prior gains by means of these changes.
Non-Participating	This contract will not share in our profits or surplus earnings. We will pay no dividends on it.
Applicable Tax Law	This contract has been designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended. We reserve the right, however, to decline any change we determine would cause this contract to fail to qualify as life insurance under the applicable tax law. This includes changing the basic insurance amount, withdrawals, and changing the type of death benefit. We also have the right to change this contract, to require additional premium payments, or to make distributions from this contract to the extent necessary to continue to qualify this contract as life insurance. Finally, we reserve the right to take whatever action is necessary to prevent the contract from becoming a modified endowment contract under Section 7702A of the Internal Revenue Code of 1986 unless you have otherwise indicated to us in writing that you want a modified endowment contract.

Age 121 We discontinue the monthly charges from the contract fund on the first contract anniversary on or following the 121st birthday of the younger Insured. You may continue the contract after that anniversary and it will then continue to operate as described in its provisions, (including the Death Benefit and Contract Fund provisions), although you may not make any premium payments and no monthly charges will be deducted from the contract fund. Loans, loan repayments, and withdrawals can continue to be made after the younger Insured's age 121. Cash value default may not occur on or following such anniversary. Excess contract debt may occur if contract debt ever grows to be equal to or more than the cash value (see Default). Coverage may expire prior to age 121 if premiums paid are insufficient to continue the coverage to such age.

BASIS OF COMPUTATION

Mortality Basis and Interest Rate

We compute maximum monthly insurance rates using:

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

Minimum Legal Values

The cash surrender values provided by this contract are at least as large as those set by law where it is delivered. Where required, we have given the insurance regulator a detailed statement of how we compute values and benefits.

SETTLEMENT OPTIONS

- Options Described** You may choose to have the proceeds (that is, any death benefit or any amount payable upon surrender of the contract) paid in a single sum or under one of the optional modes of settlement described below.
- If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.
- Option 1 (Instalments for a Fixed Period)** We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.
- Option 2 (Life Income)** We will make equal monthly payments for as long as the person on whose life the settlement is based lives, with payments certain for 120 months. The Option 2 Table shows the minimum amounts we will pay. But, we must have proof of the date of birth of the person on whose life the settlement is based.
- Option 3 (Interest Payment)** We will hold an amount at interest. We will pay the interest annually, semi-annually, quarterly, or monthly.
- Option 4 (Instalments of a Fixed Amount)** We will make equal annual, semi-annual, quarterly, or monthly payments for as long as the available proceeds provide.
- Option 5 (Non-Participating Income)** We will make payments like those of any annuity we then regularly issue that: (1) is based on United States currency; (2) is bought by a single sum; (3) does not provide for dividends; and (4) does not normally provide for deferral of the first payment. Each payment will be at least equal to what we would pay under that kind of annuity with its first payment due on its contract date. If a life income is chosen, we must have proof of the date of birth of any person on whose life the option is based. Option 5 cannot be chosen more than 30 days before the due date of the first payment.
- Interest Rate** Payments under Options 1, 3 and 4 will be calculated assuming an effective interest rate of at least 1.5% a year. We may include more interest.

SETTLEMENT OPTIONS TABLES

OPTION 1 TABLE

OPTION 2 TABLE

MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY		MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY					
Number of Years	Monthly Payment	AGE LAST BIRTHDAY	Male	Female	AGE LAST BIRTHDAY	Male	Female
		1	\$83.90	5 and under	\$2.72	\$2.68	48
2	42.26	6	2.73	2.69	49	3.77	3.56
3	28.39	7	2.74	2.69	50	3.83	3.61
4	21.45	8	2.75	2.70	51	3.88	3.66
5	17.28	9	2.76	2.71	52	3.95	3.71
6	14.51	10	2.77	2.72	53	4.01	3.76
7	12.53	11	2.78	2.73	54	4.08	3.82
8	11.04	12	2.79	2.74	55	4.15	3.88
9	9.89	13	2.79	2.74	56	4.22	3.94
10	8.96	14	2.80	2.75	57	4.30	4.01
11	8.21	15	2.82	2.76	58	4.38	4.08
12	7.58	16	2.83	2.77	59	4.47	4.16
13	7.05	17	2.84	2.78	60	4.56	4.24
14	6.59	18	2.84	2.78	61	4.66	4.32
15	6.20	19	2.85	2.79	62	4.76	4.41
16	5.85	20	2.87	2.80	63	4.87	4.50
17	5.55	21	2.88	2.81	64	4.98	4.60
18	5.27	22	2.89	2.83	65	5.10	4.71
19	5.03	23	2.91	2.84	66	5.23	4.82
20	4.81	24	2.93	2.85	67	5.36	4.94
21	4.62	25	2.94	2.87	68	5.49	5.06
22	4.44	26	2.96	2.88	69	5.64	5.19
23	4.28	27	2.98	2.90	70	5.78	5.33
24	4.13	28	3.00	2.91	71	5.94	5.48
25	3.99	29	3.01	2.93	72	6.10	5.63
Multiply the monthly amount by 2.996 for quarterly, 5.981 for semi-annual or 11.919 for annual.		30	3.03	2.94	73	6.26	5.79
		31	3.06	2.96	74	6.43	5.96
		32	3.08	2.98	75	6.60	6.14
		33	3.10	3.00	76	6.78	6.33
		34	3.13	3.02	77	6.95	6.52
		35	3.15	3.04	78	7.13	6.71
		36	3.18	3.07	79	7.31	6.92
		37	3.21	3.09	80	7.49	7.12
		38	3.23	3.11	81	7.67	7.33
		39	3.27	3.14	82	7.85	7.53
		40	3.30	3.16	83	8.02	7.73
		41	3.33	3.19	84	8.18	7.93
		42	3.37	3.22	85	8.33	8.12
43	3.40	3.25	86	8.48	8.29		
44	3.44	3.29	87	8.62	8.46		
45	3.48	3.32	88	8.75	8.61		
46	3.53	3.35	89	8.87	8.75		
47	3.57	3.39	90	8.98	8.88		
48	3.62	3.43	and over				
49	3.67	3.47					

ENDORSEMENTS

(Only we can endorse this contract.)

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

RIDER TO PROVIDE LAPSE PROTECTION

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

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

The No-Lapse Guarantee Value

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

The No-Lapse Contract Fund

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

No-Lapse Charge for Sales Expenses

We subtract a no-lapse charge for sales expenses from each premium paid. The segment allocation amounts and the initial and ultimate rates are shown in the No-Lapse Charge For Sales Expenses Rate Table.

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

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

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

No-Lapse Cost Of Insurance

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

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

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

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

No-Lapse Net Amount At Risk The no-lapse net amount at risk is equal to the no-lapse death benefit minus the no-lapse contract fund.

No-Lapse Death Benefit This contract has a Type A or Type B death benefit. We show the type of death benefit that applies to this contract under Type of Death Benefit.

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

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

No-Lapse Premiums This rider protects against default when the No-Lapse Guarantee Value is greater than zero. There are many premium schedules and amounts that will ensure the No-Lapse Guarantee Value is always greater than zero during the lifetime of either Insured. We show two such schedules of premiums in the Lapse Protection Rider Data that, if the following conditions are satisfied, will protect against default during the lifetime of either Insured:

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

Conditions:

1. We must receive each premium on or before its due date;
2. You must not take any loan (see Loans);
3. You must not make a withdrawal (see Withdrawal);
4. You must not change the death benefit type (see Changing the Death Benefit);
5. You must not change the basic insurance amount (see Change in Basic Insurance Amount);

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

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

Termination This rider will end on the earliest of:

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

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

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

Pruco Life Insurance Company,

By

A handwritten signature in black ink, appearing to read "Thomas D. ...", is written over a large, light gray watermark that says "SPECIMEN".

Secretary

LAPSE PROTECTION RIDER DATA

No-Lapse Adjustments to Premium Payments

From each premium paid we will:

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

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

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

No-Lapse Adjustments to the No-Lapse Contract Fund

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

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

adding any no-lapse invested premium amounts.

adding no-lapse interest at an effective annual rate of 5.5% (0.01466978% a day) during the first 20 contract years; and 5.85% (0.01557733% a day) thereafter.

subtracting any withdrawals.

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

subtracting a no-lapse administrative charge of \$0.00 for any change in basic insurance amount.

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

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

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

\$0.15 per \$1,000 of the basic insurance amount plus \$20.00;

changing on SEP 1, 2009 to \$0.15 per \$1,000 of the basic insurance amount plus \$8.00;

changing on SEP 1, 2012 to \$0.00 per \$1,000 of the basic insurance amount plus \$8.00 thereafter.

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

Schedule of No-Lapse Premiums

The single premium no-lapse premium due on the contract date is \$17,446.11.

The modal no-lapse premium due on the contract date and each subsequent contract anniversary up to the younger insured's attained age 121 is \$946.05.

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

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

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
32	[0.00096]	66	[0.43050]
33	[0.00293]	67	[0.48487]
34	[0.00499]	68	[0.54901]
35	[0.00713]	69	[0.61525]
36	[0.00937]	70	[0.68878]
37	[0.01172]	71	[0.77147]
38	[0.01418]	72	[0.86371]
39	[0.01677]	73	[0.96784]
40	[0.01954]	74	[1.07477]
41	[0.02251]	75	[1.19538]
42	[0.02577]	76	[1.32909]
43	[0.02933]	77	[1.47729]
44	[0.03329]	78	[1.63823]
45	[0.03755]	79	[1.81091]
46	[0.04215]	80	[2.00999]
47	[0.04713]	81	[2.24184]
48	[0.05262]	82	[2.49206]
49	[0.05875]	83	[2.75855]
50	[0.06563]	84	[3.04820]
51	[0.07331]	85	[3.34381]
52	[0.08230]	86	[3.66984]
53	[0.09229]	87	[4.03522]
54	[0.10354]	88	[4.40521]
55	[0.11607]	89	[4.77120]
56	[0.13009]	90	[5.06328]
57	[0.14861]	91	[5.33802]
58	[0.16775]	92	[5.71659]
59	[0.18956]	93	[6.18686]
60	[0.21415]	94	[6.75318]
61	[0.24163]	95	[7.35719]
62	[0.27205]	96	[7.94187]
63	[0.30529]	97	[6.16117]
64	[0.34224]	98	[6.09215]
65	[0.38357]	99	[6.19481]

RIDER DATA CONTINUED ON NEXT PAGE

LAPSE PROTECTION RIDER DATA CONTINUED

Younger Insured's Attained Age*	Maximum Monthly Rate	Younger Insured's Attained Age*	Maximum Monthly Rate
100	[0.88067]	111	[0.88594]
101	[0.88120]	112	[0.88636]
102	[0.88173]	113	[0.88677]
103	[0.88224]	114	[0.88717]
104	[0.88274]	115	[0.88756]
105	[0.88323]	116	[0.88794]
106	[0.88370]	117	[0.88831]
107	[0.88417]	118	[0.88868]
108	[0.88463]	119	[0.88903]
109	[0.88508]	120	[0.88938]
110	[0.88551]		

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

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

RIDER DATA CONTINUED ON NEXT PAGE

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

LAPSE PROTECTION RIDER DATA CONTINUED

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

FOR THE SEGMENT(S) EFFECTIVE ON (THE CONTRACT DATE):

	Initial Rate	Ultimate Rate	Segment Allocation Amount
Contract Date	5.00%	5.00%	\$1,003.58
Changing on SEP 1, 2017 to:	0.00%	0.00%	\$1,003.58

END OF RIDER DATA