SECURITIES AND EXCHANGE COMMISSION

FORM 13F-NT

Initial quarterly Form 13F notice report filed by institutional managers

Filing Date: 2021-08-13 | Period of Report: 2021-06-30 **SEC Accession No.** 0001567619-21-015376

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FILER

Palisades Safety & Insurance Association

CIK:1576841| IRS No.: 223180609 | State of Incorp.:NJ | Fiscal Year End: 1231 Type: 13F-NT | Act: 34 | File No.: 028-15488 | Film No.: 211170333

Mailing Address C/O PLYMOUTH ROCK 581 MAIN STREET, 4TH FLOOR WOODBRIDGE NJ 07095

Business Address C/O PLYMOUTH ROCK MANAGEMENT CO OF NJ MANAGEMENT CO OF NJ 581 MAIN STREET, 4TH **FLOOR** WOODBRIDGE NJ 07095 908-790-7800

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 **FORM 13F**

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l	OMB Number:	3235-0006			
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l	Estimated average burden				
	hours per response:	23.8			

FORM 13F COVER PAGE

Report for t	the Calendar Year	or Quarter Ended: 06-30-2021		
Check here	e if Amendment:	☐ Amendment Number:		
This Amen	dment (Check only	v one.): □ is a restatement.		
	`	□ adds new holdings entries.		
Institution	al Investment Mar	nager Filing this Report:		
Name:	Palisa	des Safety & Insurance Association		
Address:	C/O P	LYMOUTH ROCK MANAGEMENT CO	OF NJ	
	581 M	IAIN STREET, 4TH FLOOR		
	WOO	DBRIDGE, NJ 07095		
Form 13F F	File Number: <u>028-1:</u>	<u>5488</u>		
the person complete,	signing the repo	t manager filing this report and the p rt is authorized to submit it, that all i erstood that all required items, state	nformation contained herein is true	, correct and
Person Sigi	ning this Report on	Behalf of Reporting Manager:		
Name:	Jeffrey Briglia	1 3 3		
Title:		ymouth Rock Management Company of Ne	w Jersey	
Phone:	732-978-6091		•	
Signature.	Place, and Date of	of Signing:		
- · 	Jeffrey Briglia	Woodbridge, NEW JERSEY	08-13-2021	
	[Signature]	[City, State]	[Date]	
	e (Check only on	·		
	ICE. (Check here	(Check here if all holdings of this report if no holdings reported are in this report	• • •	,
		RT. (Check here if a portion of the holdi	nge for this reporting manager are rer	orted in this
		ted by other reporting manager(s).)	ngs for this reporting manager are rep	orted in this
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l ist of Oth	or Monorous Der	outing for this Monager		
	•	orting for this Manager		

[If there are no entries in this list, omit this section.]

Form 13F File Number Name CIK

028-15030 SRB Corp <u>0001496228</u>