loss ratio for a health benefit plan as submitted to the Commissioner under this section.

(e) (1) On or before May 1 of each year, the Commissioner shall transmit to the Maryland Health Care Commission any information it needs to evaluate the Comprehensive Standard Health Benefit Plan as required under § 15–1207 of this title.

(2) The information provided by the Commissioner shall be specified in regulations adopted by the Commissioner in consultation with the Maryland Health Care Commission.

(F) (1) (I) ON OR BEFORE MARCH 1 OF EACH YEAR, UNLESS, FOR GOOD CAUSE SHOWN, THE COMMISSIONER EXTENDS THE TIME FOR A REASONABLE PERIOD, EACH MANAGED CARE ORGANIZATION SHALL FILE WITH THE COMMISSIONER A REPORT THAT SHOWS THE FINANCIAL CONDITION OF THE MANAGED CARE ORGANIZATION ON THE LAST DAY OF THE PRECEDING CALENDAR YEAR AND ANY OTHER INFORMATION THAT THE COMMISSIONER REQUIRES BY BULLETIN OR REGULATION.

(II) AT ANY TIME, THE COMMISSIONER MAY REQUIRE A MANAGED CARE ORGANIZATION TO FILE AN INTERIM STATEMENT CONTAINING THE INFORMATION THAT THE COMMISSIONER CONSIDERS NECESSARY.

(III) THE ANNUAL AND INTERIM REPORTS SHALL BE FILED IN A FORM REQUIRED BY THE COMMISSIONER.

(2) (I) ON OR BEFORE JUNE 1 OF EACH YEAR, EACH MANAGED CARE ORGANIZATION SHALL FILE WITH THE COMMISSIONER AN AUDITED FINANCIAL REPORT FOR THE PRECEDING CALENDAR YEAR.

(II) THE AUDITED FINANCIAL REPORT SHALL:

1. BE FILED IN A FORM REQUIRED BY THE COMMISSIONER; AND

2. BE CERTIFIED BY AN AUDIT OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT.

(G) EACH FINANCIAL REPORT FILED UNDER THIS SECTION IS A PUBLIC RECORD.