

B2500A (Form 2500A) (12/15)

United States Bankruptcy Court

Southern District Of Texas

In re <u>Modivcare, Inc. et. al.</u> ,	)	Case No. <u>25-90309</u>
Debtor	)	
	)	Chapter <u>11</u>
<u>HealthSpring, Inc.</u>	)	
Plaintiff	)	
v.	)	Adv. Proc. No. <u>26-03035</u>
<u>ModivCare Solutions LLC</u>	)	
Defendant	)	

SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer to the complaint within 35 days.

Address of the clerk: **Bob Casey United States Courthouse  
515 Rusk Street, 5th Floor  
Houton, Texas 77002**

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney: **Thomas F. Koegel  
Crowell & Moring LLP  
3 Embarcadero Ctr., 26th Floor  
San Francisco, California 94111-4069**

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

Date: February 9, 2026

  


Nathan Ochsner, Clerk of Court

s/ Amy Pearson



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**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_(name), certify that service of this summons and a copy of the complaint was made \_\_\_\_\_(date) by:

- Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to: ModivCare Solutions,LLC, 6900 E. Layton Avenue Suite 1100 & 1200, Denver, Colorado 80237 or as otherwise agreed by the parties
- Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:
- Residence Service: By leaving the process with the following adult at:
- Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- Publication: The defendant was served as follows: [Describe briefly]
- State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_