#### DAVIS JOHN ROBERT

Form 5

Common Stock

February 10, 2006

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per OWNERSHIP OF SECURITIES 5 obligations response... 1.0 may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported

1. Name and Address of Reporting Person * DAVIS JOHN ROBERT			2. Issuer Name and Ticker or Trading Symbol NBC CAPITAL CORP [NBY]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)			
P. O. BOX 1	187		(Month/Day/Year) 12/31/2005	Director 10% Owner Selective title Other (specify below) Urice President			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Reporting			
			Filed(Month/Day/Year)	(check applicable line)			
STARKVIL	LE, MSÂ	39760		_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person			

			Person						orung
(City)	(State) (Z	Cip) Table	I - Non-Deriv	vative Securit	ies Ac	quired,	Disposed of, or	· Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities (A) or Dispo (Instr. 3, 4 and Amount	sed of		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
NBC Capital Corporation Common Stock	12/31/2005	Â	J	46.7742	A	\$ 0	1,977.2346	I	By Employee Benefit Plan
NBC Capital Corporation	12/31/2005	Â	J	232.3023	A	\$ 0	1,417.9387	I	By 401K

Plan

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NBC

Capital

Stock

Corporation Â Â Â Â Â 799 I By Wife Common

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		vative rities nired or osed o) r. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options Right to Buy	\$ 20.75	Â	Â	Â	Â	Â	06/13/2002	06/12/2011	common stock	4,666
Employee Stock Option Right to Buy	\$ 24.11	Â	Â	Â	Â	Â	06/13/2003	06/12/2012	common stock	4,666
Employee Stock Option Right to Buy	\$ 25.2	Â	Â	Â	Â	Â	05/01/2005	04/30/2014	common stock	4,667

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
	Â	Â	Vice President	Â				

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DAVIS JOHN ROBERT P. O. BOX 1187 STARKVILLE, MSÂ 39760

## **Signatures**

Reporting Person

John R. Davis 02/09/2006

\*\*Signature of Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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