

TOMLINSON TOMMY M
 Form 5
 February 13, 2006

FORM 5

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
 Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *
 TOMLINSON TOMMY M

2. Issuer Name and Ticker or Trading Symbol
 NBC CAPITAL CORP [NBY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Vice President

P. O. BOX 1187

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 12/31/2005

6. Individual or Joint/Group Reporting

(check applicable line)

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

STARKVILLE, MS 39760

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, 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 Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Price			
NBC Capital Corporation Common Stock	12/31/2005		J	92.715 A \$ 0	3,919.2349	I	By Employee Benefit Plan
NBC Capital Corporation Common Stock	12/31/2005		J	232.48 A \$ 0	1,461.7481	I	By Employee 401K Plan
NBC Capital Corporation					1,057	D	

Common
Stock

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

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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		
Emp Stock Opt Right to Buy	\$ 20.75	Â	Â	Â	Â	Â	06/13/2002 ⁽¹⁾	06/12/2011	common stock	Amount or Number of Shares 5,333
Emp Stock Opt Right to Buy	\$ 24.11	Â	Â	Â	Â	Â	06/13/2003 ⁽²⁾	06/12/2012	common stock	5,333
Emp Stock Opt Right to Buy	\$ 25.2	Â	Â	Â	Â	Â	05/01/2005 ⁽³⁾	04/30/2014	common stock	5,333

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TOMLINSON TOMMY M P. O. BOX 1187 STARKVILLE, MS 39760	Â	Â	Â Vice President	Â

Signatures

Tommy
Tomlinson

02/09/2006

__Signature of
Reporting Person

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).
- (1) The Options vest in four equal annual installments beginning on June 13, 2002.
 - (2) The Options vest in four equal annual installments beginning on June 13, 2003.
 - (3) The Options vest in four equal annual installments beginning on May 1, 2005..

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.