

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2004-08-12** | Period of Report: **2004-08-01**  
SEC Accession No. **0001181431-04-039897**

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### REPORTING OWNER

#### **Adair J Aubrey**

CIK: **1300113**

Type: **3** | Act: **34** | File No.: **001-15773** | Film No.: **04969108**

#### Mailing Address

*P.O. BOX 1187  
STARKVILLE MS 39760*

#### Business Address

*(662) 324-4251*

### ISSUER

#### **NBC CAPITAL CORP**

CIK: **742054** | IRS No.: **640694775** | State of Incorporation: **MS** | Fiscal Year End: **1231**  
SIC: **6021** National commercial banks

#### Mailing Address

*NBC PLAZA  
P O BOX 1187  
STARKVILLE MS 39759*

#### Business Address

*NBC PLZ  
P O BOX 1187  
STARKVILLE MS 39759  
6013431341*

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Expires:	02/28/2011
Estimated average burden hours per response	0.5

**INITIAL STATEMENT OF 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 <u>Adair J Aubrey</u> (Last) (First) (Middle) P. O. BOX 1187 (Street) STARKVILLE, MS 39760 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2004	3. Issuer Name and Ticker or Trading Symbol <u>NBC CAPITAL CORP [NBY]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ___ Director ___ 10% Owner <u>X</u> Officer (give title below) ___ Other (specify below) <u>Vice President</u>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <u>X</u> Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
NBC Capital Corporation common stock	61.6563	I	By Employee Stock Plan
NBC Capital Corporation common stock	349.963	I	By Company 401K Plan
NBC Capital Corporation common stock	275	D	
NBC Capital Corporation common stock	904	I	By wife IRA
NBC Capital Corporation common stock	1.699	I	By wife Employee Stock Plan
NBC Capital Corporation common stock	69.705	I	By wife 401K Company Plan

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option Right to Buy	06/13/2002 <sup>(1)</sup>	06/12/2011	common stock	1,667	\$20.75	D	
Employee Stock Option Right to Buy	06/13/2003 <sup>(2)</sup>	06/12/2012	common stock	1,667	\$24.11	D	
Employee Stock Option Right to Buy	05/01/2005 <sup>(3)</sup>	04/30/2014	common stock	1,667	\$25.2	D	

**Explanation of Responses:**

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.

**Signatures**

J. Aubrey Adair

\*\* Signature of Reporting Person

08/12/2004

Date

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

\* 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 is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**